THE HEALTH OF NORTHAMPTONSHIRE

in 1970

REPORT of the COUNTY MEDICAL OFFICER OF HEALTH

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Burton Latimer Health Centre
officially opened 8 December 1970

New ambulance control room

THE HEALTH of NORTHAMPTONSHIRE in 1970

Report of the County Medical Officer of Health

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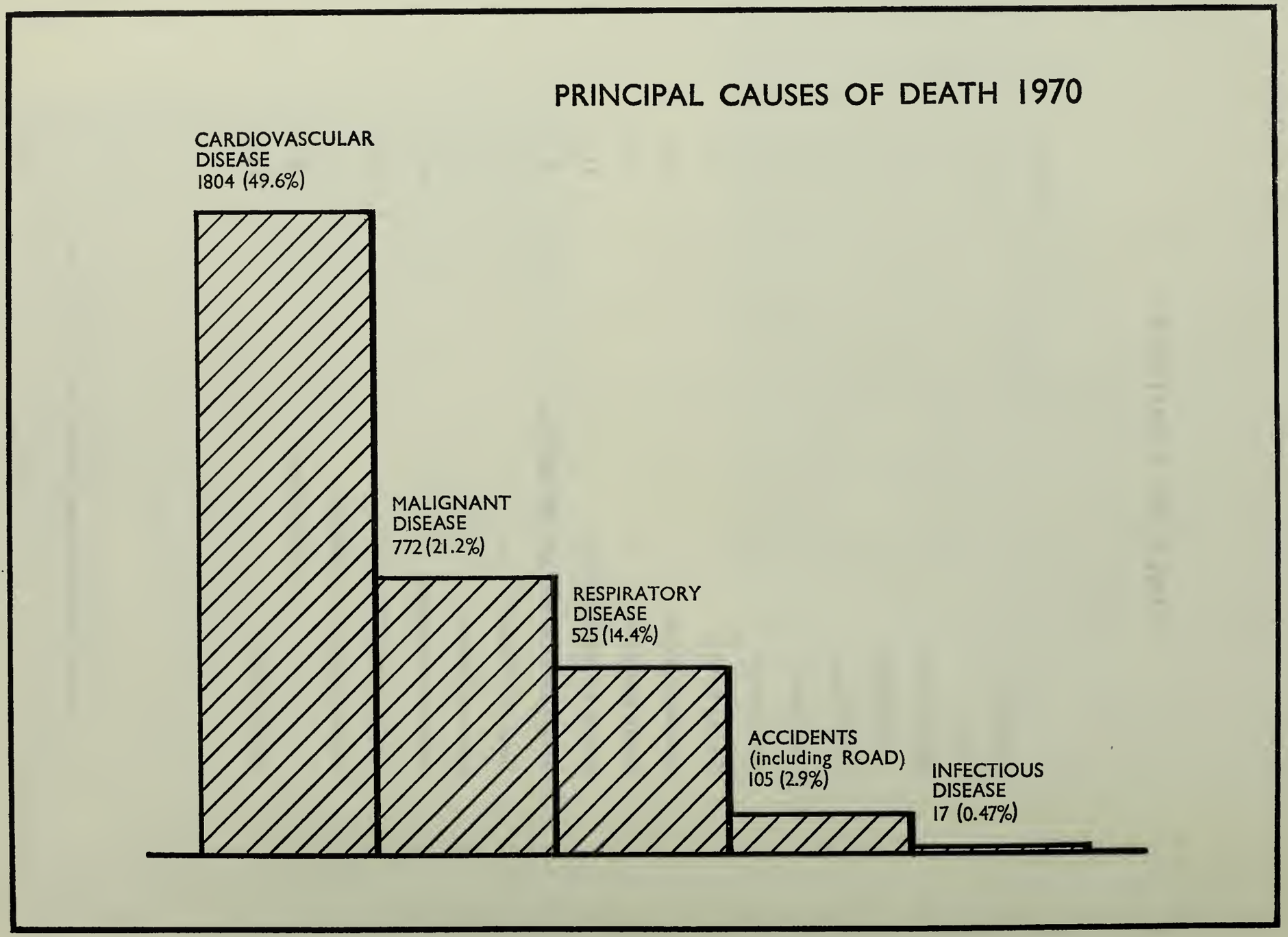

PRINCIPAL CAUSES OF DEATH 1970
CARDIOVASCULAR DISEASE
1804 (49.6%)
MALIGNANT DISEASE
772 (21.2%)
RESPIRATORY DISEASE
525 (14.4%)
ACCIDENTS (including ROAD)
105 (2.9%)
INFECTIOUS DISEASE
17 (0.47%)

NORTHAMPTONSHIRE COUNTY COUNCIL.

August, 1971.

To the Chairman and Members of the Northamptonshire County Council

Madam Chairman, my Lords, Ladies and Gentlemen,

In accordance with the requirements of the Public Health Officers Regulations, 1959, I have the honour to present my fourth annual report which is the seventy-fourth such report on the Health of Northamptonshire. It is compiled in accordance with Department of Health and Social Security Circular 1/71 and follows the pattern established last year in combining Parts I and II of the Health of Northamptonshire.

1970 was an eventful year. The publication of the second Green Paper on the reorganisation of the National Health Service which proved to be as controversial as its predecessor, was followed soon afterwards by the passing of the Local Authority Social Services Act 1970 and the Education (Handicapped Children) Act 1970. The appointed day for the implementation of the Social Services Act was 1st April, 1971, but the Clerk of the Council accepted my recommendation that, in order to avoid undue feelings of insecurity amongst staff who were to be transferred from this department, they should, instead, be transferred to the new department on 1st January, 1971. This helped to ensure a smooth transfer of services and responsibilities.

The Health Committee can view with pride the progress which had been achieved in the services which were handed over to the Social Services Committee. On page 56 the development of the services for the mentally handicapped since 1948 is described by Mr. E. Towning, Senior Mental Health Social Worker. This is a record of progress written by a man who played a vital part in building up these services to such a high standard. Unfortunately, no similar account is included of the pioneering work of this Authority in the field of mental illness, owing to the fact that Mr. J. A. Ingram, Senior Mental Health Social Worker, had left the department during the year to take up a more senior post in Manchester. It would not be right, however, to allow the occasion to pass without referring to the exceptional achievements of this Authority, for example the Mental Health Project 1963 which attracted world-wide attention and the Joint Social Work Scheme with St. Crispin Hospital which set the pattern for co-operation between hospitals and local health authorities and which, up to the time of transfer, was still attracting many visitors and enquiries. The close association with the voluntary associations working in this and allied fields was also a notable development. The quality of the Home Help Service on transfer is a cause for satisfaction, although quantitively it had never been possible to develop it to the extent needed because of financial limitations. The other service transferred was the supervision of play groups and child-minders. The tremendous upsurge in work in this field in recent years, which had to be coped with by existing staff, was a cause for concern initially, but it is satisfactory to report that the highest standards had been maintained throughout. I would like to thank all the staff who have been transferred for their loyalty and support and I feel sure that the services will develop even further in their new setting.

The tremendous growth in the population in the County continues. It was 2.6% higher than 1969 which is eight times greater than the average growth rate of 0.33% for England and Wales. The birth rate for the year of 17.70 per 1,000 population showed a slight fall from the previous year, but once again as the ratio of the local adjusted rate to the national rate was 1.18, it was 18% above the average for England and Wales. The percentage increase in the number of school children was 5.1%—again much higher than the national average of 2.65%. It may seem to be repeating the obvious to refer to the problems caused by this growth-rate but, nevertheless, the need for services is always greater in areas where there is a rapid growth-rate and this situation should be recognised.

Another health centre was opened during the year, this time in Burton Latimer. The opening of Towcester Health Centre in January, 1971 will be referred to in my next report. Together with the one which is under construction at Irthlingborough, and others which are in various stages of planning, the development programme of health centres is, on the whole, satisfactory. The failure to reach agreement in certain circumstances is to be expected, but what is unexpected is to find that this agreement has occasionally not been viewed as binding by some of the parties involved. Suffice it to say that the Health Committee, the County Council and myself, regard this as a matter of grave concern and were greatly relieved to hear that the Executive Council endorsed these views and have suggested ways to avoid similar incidents.

The development of links with other Authorities continues. Joint appointments of medical officers with Princess Marina Hospital for the mentally handicapped were effected during the year. The links which have been developed between the dental service and the Department of Dental Health, Birmingham University, are proving useful. Negotiations for the opening of a second Department of Community Medicine at Northampton General Hospital were initiated and will be referred to in my next report.

The report of the County Council Management Services Section into the County Ambulance Service, which I requested the Clerk of the Council to authorise in 1968, was presented and discussed. It demonstrated that the County is operating one of the most efficient services in the country and I would, therefore, like to pay tribute to the ambulancemen and their officers.

The recommendations arising out of the review of the areas and work of the district medical officers of health were implemented from 1st June and the new arrangements seem to be satisfactory.

Vaccination against german measles was introduced during the year and in the very few places where they are available, age/sex registers proved to be extremely valuable in ensuring that girls in the appropriate age group were vaccinated.

A seminar for members of the Health Committee was held on the 29th January, 1971. Senior members of the staff described the activities of their sections with the use of visual aids. Committee members found this exercise interesting and expressed their appreciation.

During the year petitions were received by the Clerk of the Council from eighty-five general practitioners and seventy dental practitioners requesting fluoridation of the water supplies in the County. As these are shared with two other local authorities within the County which do not approve of fluoridation, no action could be taken.

Diseases of the heart, blood vessels, respiratory system and cancer accounted for the great majority of the total deaths. Of these, diseases of the heart and blood vessels are the main killers and, therefore, I am glad that certain general practitioners in the County are prepared to co-operate in a survey into the incidence and the evaluation of the treatment of raised blood pressure. It was pleasing to note that at last the Government was prepared to take certain, although somewhat limited, steps to encourage anti-cigarette smoking activities.

My comments on the School Health Service will be found on page 94.

Finally, I should like to thank the Chairman and members of the Health Committee, my colleagues in other departments of the County Council for their continued and valuable support, and the staff of my own department for their loyalty and hard work throughout the year.

I have the honour to be,

Your obedient servant,

W. J. McQUILLAN,

County Medical Officer of Health.

STAFF

County Medical Officer of Health and Principal School Medical Officer:

W. J. McQuillan, M.B., B.Ch., L.M., D.P.H., D.C.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

J. Sarginson, M.B., B.S., D.P.H.

Senior Medical Officers:

Miss V. V. Tracey, B.Sc., M.B., B.Ch., D.P.H., D.C.H.
B. T. Williams, M.B., B.S., D.P.H., D.P.M. (*to 1st February*)
N. Soloff, M.B., Ch.B., D.P.H. (*from 20th July*)

Senior Clinical Medical Officers:

I. J. Cope, M.R.C.S., L.R.C.P., D.P.H.
L. J. F. Glynn, M.B., Ch.B., D.Obst.R.C.O.G., M.R.C.P.I., D.P.H., D.C.H. (*from 3rd August*)

Senior Assistant Medical Officer:

Mrs. J. M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H. (*also District Medical Officer of Health*)

Medical Officers in Department:

Mrs. J. Appleyard, M.B., Ch.B. (*part-time to 29th July*)
Mrs. M. H. Ballantyne, M.B., Ch.B. (*part-time*)
Mrs. A. W. Bee, M.B., Ch.B. (*part-time from 8th October*)
Mrs. M. V. Capon, M.B., B.S.
Mrs. K. J. Cash, M.B., B.S. (*part-time to 29th May*)
Mrs. G. Duncan M.B., Ch.B. (*part-time*)
J. V. L. Farquhar, M.A., M.R.C.S., L.R.C.P., D.P.H. (*also District Medical Officer of Health*)
Mrs. A. C. Fogarty, M.B., B.S., D.C.H., D.R.C.O.G. (*part-time*)
F. R. N. Lynch, M.B., B.Ch., D.P.H. (*also District Medical Officer of Health*)
Mrs. K. A. L. Mazey, M.B., Ch.B. (*part-time*)
Mrs. J. Naylor, M.B., B.Ch. (*part-time*)
T. D. Paton, M.B., Ch.B. (*part-time*)
Mrs. S. Roberts, M.B., B.S. (*part-time*)
Mrs. P. A. Rogers, M.B., Ch.B., D.C.H. (*part-time*)
D. C. Sargant, M.A., B.M., B.Ch., L.M.S.S.A. (*from 20th July*)
C. M. Smith, O.B.E., M.A., M.D., Ch.B., D.P.H. (*part-time*)
Mrs. M. B. Smith, M.B., Ch.B., D.P.H. (*part-time*)
Mrs. S. Spooner, M.B., B.S. (*part-time*)
Mrs. M. Stevens, M.B., Ch.B. (*part-time*)
Mrs. S. E. Swan, M.B., B.S. (*part-time*)
Mrs. M. M. Williams, M.B., Ch.B. (*part-time*)
Mrs. J. F. Woolfenden, M.B., Ch.B. (*part-time*)

General Practitioners employed part-time:

A. C. Barthells, M.D., M.R.C.S., L.R.C.P., M.R.C.O.G.
D. J. Boulton, M.R.C.S., L.R.C.P., L.M.S.S.A., D.Obst.R.C.O.G.
C. N. Bruton, M.B., Ch.B.
A. J. Cash, M.B., B.S. (*to 14th March*)
G. N. Cash, M.B., B.S.
C. M. Cripps, M.A., M.B., B.Ch., D.Obst.R.C.O.G.
D. P. Curran, M.B., B.S., M.R.C.S., L.R.C.P., D.A., D.Obst.R.C.O.G. (*from 4th March*)
G. H. C. Daley, M.B., Ch.B., D.Obst.R.C.O.G.
R. I. Froment, M.B., ChB.
C. M. Graham, M.B., Ch.B.
J. A. Holland, M.A., M.B., B.Chir. (*from 5th October*)
N. M. How, M.B., B.S.
J. W. Hughes, M.B., B.S., M.R.C.S., L.R.C.P.
S. J. S. Hughes, B.M., B.Ch.
J. Lawson-Matthew, M.B., B.S.
D. E. Leiber, M.R.C.S., L.R.C.P., M.B., B.S., D.A., D.Obst.R.C.O.G., (*from 11th November*)
M. P. Lewis, B.A., B.M., B.Ch.
R. G. Lilly, M.B., B.S.
I. D. MacKichan, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.
J. B. Moser, M.R.C.S., L.R.C.P.
I. J. R. Musson, L.M.S.S.A. (*from 8th January*)
D. W. Roberts, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.
D. L. Scawn, L.R.C.P., L.M.
R. B. W. White, M.B., Ch.B.

Chief Dental Officer:

P. W. Gibson, L.D.S., D.D.P.H.

Dental Officers:

Mrs. J. A. Anderson, B.D.S. (*part-time from 3rd March*)
Mrs. J. A. Boulton, B.D.S. (*part-time*)
Mrs. F. Campbell, L.D.S. (*part-time*)
R. J. H. Corfe, L.D.S.
C. Cox, B.D.S., D.D.P.H.
Mrs. M. E. Hatrick, B.D.S. (*part-time—full-time from 1st June*)
Mrs. M. M. Herd, B.D.S.
R. D. R. Hopkinson, L.D.S.
J. R. Humphreys, B.D.S., D.D.P.H.
Mrs. M. Humphreys, B.D.S. (*part-time*)
Mrs. F. M. Jones, L.D.S.
J. M. Lacey, L.D.S.
C. M. Perry, L.D.S.
M. A. Walsh, B.D.S. (*from 9th February*)
Mrs. V. Wilkinson, B.D.S.

Dental Auxiliaries:

Mrs. K. Burgess (*to 12th June*)
Miss J. Griffin
Miss J. E. C. St. Romaine
Miss A. M. S. Thomas (*from 3rd August*)

Chief Clerk:

R. J. Bruce

Assistant Chief Clerk:

C. S. Mobb

Assistant Chief Clerk (Clinical Services)

C. D. Smith, D.M.A.

Senior Administrative Assistant (Health Centres):

Miss J. Pearson (*from 1st June*)

Chief Nursing Officer:

Miss V. M. Greenham, S.R.N., S.C.M., H.V.Cert., Dip.Soc.Studies., Q.N. (*from 1st October*)

Superintendent Nursing Officer:

Miss N. Taylorson, S.R.N., S.C.M., M.T.D., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

Miss L. Bogle, S.R.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers:

S. Roberts, S.R.N., Q.N.
Miss F. I. Taylor, S.R.N., S.C.M., H.V.Cert., Dip.Soc.Sc., Q.N.

Superintendent Health Visitor:

Mrs. M. M. Walker, S.R.N., H.V.Cert.

Assistant Superintendent Health Visitor:

Mrs. E. Dixon, S.R.N., S.C.M., H.V.Cert.

Health Education Organiser:

Miss J. M. Wingfield, S.R.N., S.C.M., D.H.Ed., H.V.Cert.

Assistant Health Education Organisers:

Mrs. N. T. Southam

County Ambulance Officer:

P. H. J. Wilkinson.

Deputy County Ambulance Officer:

M. T. Devereux.

Senior Mental Health Social Workers :

J. A. Ingram, B.Sc., A.A.P.S.W. (*to 30th September*)
E. Towning, R.M.P.A.*

Training Officer in Mental Health Social Work:

Miss C. V. Horrocks, B.A., A.A.P.S.W. (*from 6th April*)

Area Mental Health Social Workers :

S. A. Crouch*
K. Greenwood, S.R.N., R.M.N., Dip.Soc.Studies, Cert.P.S.W.
B. F. Norman, Dip.Soc.Studies, Cert.P.S.W.

Mental Health Social Workers :

A. L. G. Clark
Miss J. D. Elliot
Mrs. C. Fletcher
R. Harris, S.R.N., R.M.N., Cert. Soc. Work
Mrs. M. F. Kellam*
W. Layram (*from 19th January*)
N. J. Locke, Dip. Soc. Studies
Miss A. C. Reeves (*Welfare Assistant*) (*to 7th August*)
Mrs. M. M. Selby, B.A.
Miss C. G. Sikes (*from 2nd February*)
Miss F. J. Simper (*from 2nd September*)
G. A. Stickley
Mrs. N. J. Wilson, Cert.Soc.Work (*to 22nd November*)
Mrs. P. M. Wright (*Welfare Assistant*) (*Part-time to 11th September*)

Occupational Therapists

Mrs. J. Gorman, S.R.O.T. (*from 1st June*)
Mrs. A. Plunkett, S.R.O.T.
Mrs. J. Sessford, S.R.O.T.
Mrs. J. Sharpe, M.A.O.T., S.R.O.T. (*to 31st January*)

Training Centre Head Teachers:

Forest Gate School, Corby—Mrs. E. Cocker, A.L.C.M. (*to 13th April*)
Mrs. K. C. Carr (*from 14th April*)
Henley Industrial Unit, Kettering—D. A. Beale
Henley School, Kettering—Miss H. E. Griffin, N.N.E.B.†
Dallington Park School, Northampton—Mrs. M. B. Redley†
Fairlawn School, Wellingborough—Miss B. V. Miller†
Adult Training Centre, Corby—R. G. Hicks†
Adult Training Centre, Northampton—Miss F. L. Caswell†

Henley Hostel:

N. L. Laffan, R.M.N. (*Warden*).
Mrs. M. Laffan (*Matron*).

Fairlawn Hostel:

Miss B. Upton, R.M.N. (*Matron*).

* *Awarded declaration of recognition of experience by Council for Training in Social Work.*
† *Diploma for teachers of the Mentally Handicapped.*

Moray Lodge:

G. R. Orchiston, S.E.N. (*Warden*) (*to 31st October*)
Mrs. M. Orchiston, S.R.N., R.M.N. (*Matron*) (*to 31st October*)
M. M. Lloyd (*Warden*) (*from 1st December*)
Mrs. V. Lloyd (*Matron*) (*from 1st December*)

Child Guidance Service:

Social Workers:

Miss J. A. Bland (*Welfare Assistant*) (*from 10th August*)
Mrs. M. Hawker, A.I.M.S.W. (*part-time from 1st May*)
G. J. Parker, B.A. (*to 31st August*)
Miss L. Sekules, Dip.Soc.Studies

Health Centre Administrators:

Burton Latimer—Mrs. P. Leslie (*from 1st December*)
Daventry—Mrs. J. Burrell
Wellingborough Queensway—Miss J. Pearson (*to 31st May*)
Mrs. S. Stoyles (*from 1st June*)

Senior Speech Therapists:

Mrs. A. Hamida, L.C.S.T.
Miss R. Kingston, L.C.S.T., Dip.I.P.A. (*from 1st April*)

Speech Therapists:

Miss M. Axe, L.C.S.T.
Mrs. J. M. Bolton, L.C.S.T. (*from 7th December*)
Mrs. D. Clarke, L.C.S.T. (*part-time from 21st April*)
Mrs. S. Davey, L.C.S.T. (*part-time to 8th June*)
Mrs. L. Gilby, L.C.S.T. (*part-time to 31st August*)
Mrs. D. Goodridge, L.C.S.T. (*part-time from 7th September*)
Miss R. Kingston, L.C.S.T., Dip.I.P.A. (*to 31st March*)
Mrs. M. P. Manley, L.C.S.T. (*to 31st March*)
Mrs. W. E. Turner, L.C.S.T. (*part-time from 24th February*)
Mrs. G. Wilson, L.C.S.T. (*part-time*)

Home Help Organiser:

Miss E. Newell

Assistant Home Help Organisers:

Mrs. B. M. Bell
Miss S. Collier
Miss R. M. Hubball
Mrs. G. M. Kidds
Mrs. P. J. Thompson

Chiropodist:

R. Gaskill, L.Ch., S.R.Ch. (*from 2nd September*)

VITAL STATISTICS

GENERAL

Area of the Administrative County	574,715 acres
Population (Census 1961)	292,584
,, 1970, mid-year estimate	338,620
Structurally separate dwellings occupied (Census 1961)	96,552
Private households (Census 1961)	93,649
Rateable value (April 1st, 1970)	£13,446,858
Product of a penny rate (1969-70)	£53,762

BIRTHS

	Northamptonshire				England & Wales
	Male	*Female*	*Total*	*Rate*	*Rate*
Total live births	3,073	2,910	5,983		
Live birth rate per 1,000 population				17.70	16.0
Illegitimate live births per cent of total live births				6.38	
Stillbirths	36	44	80		
Stillbirth rate per 1,000 live and stillbirths				13.19	13.0
Total live and stillbirths	3,109	2,954	6,063		

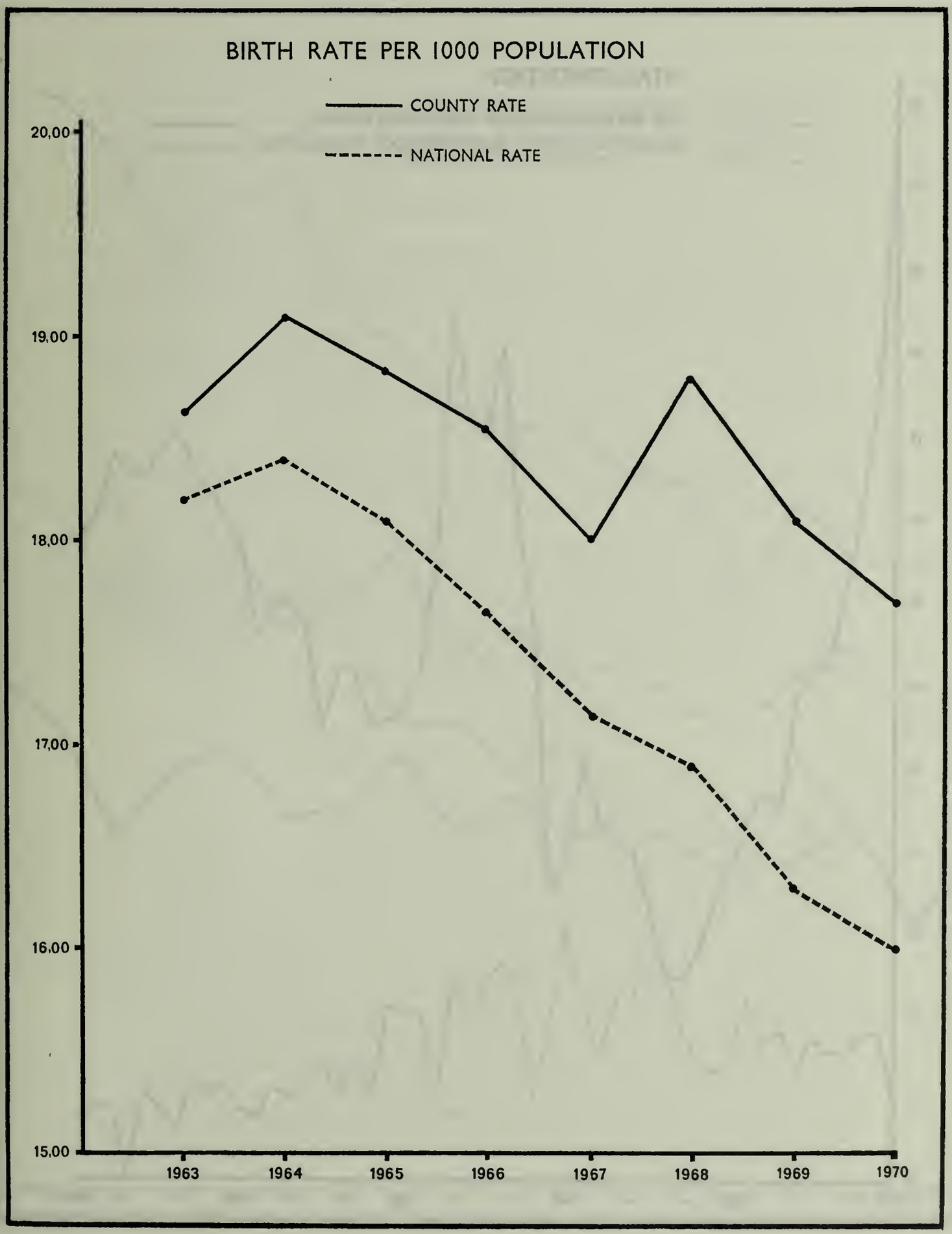
DEATHS

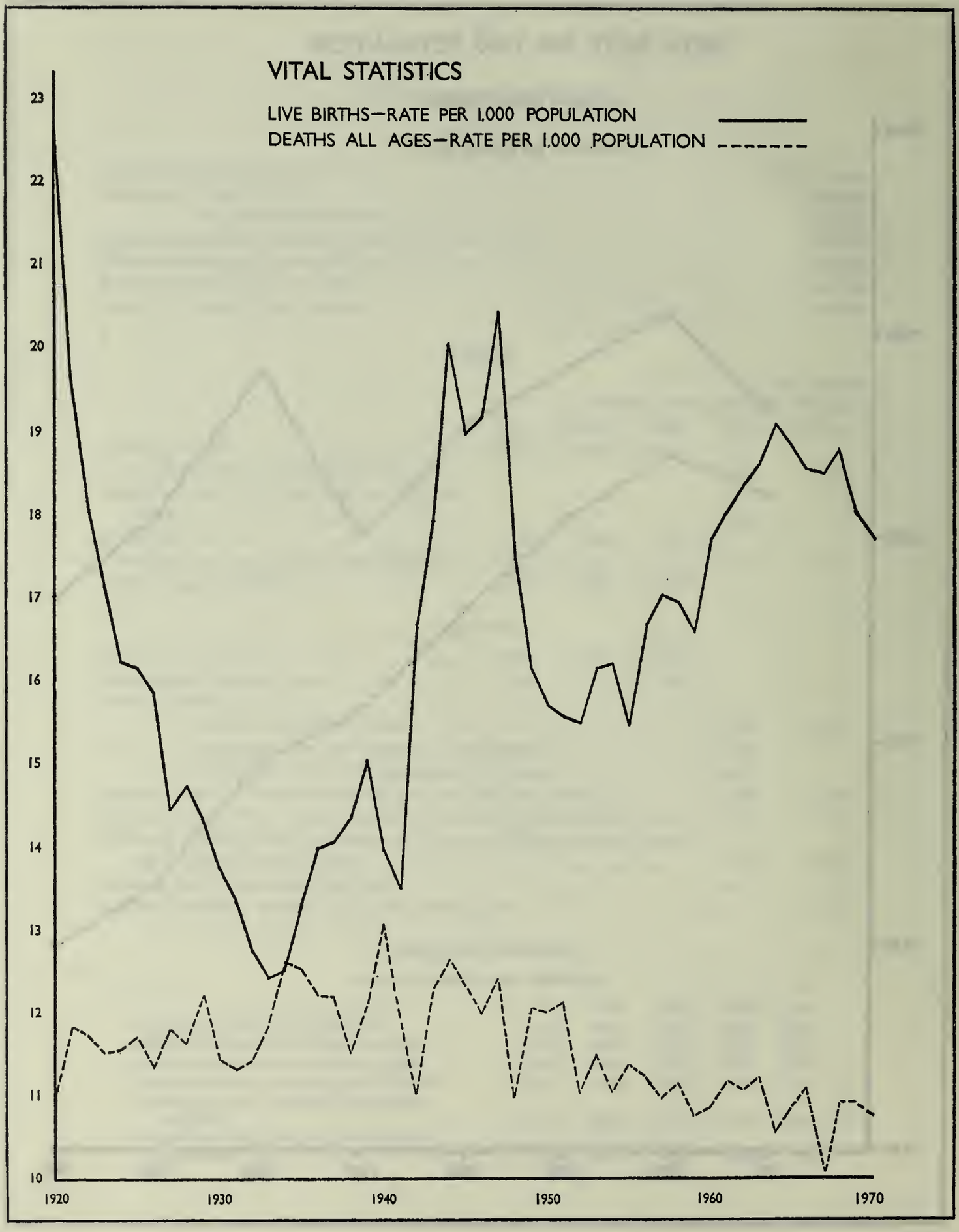
Total deaths (all ages)	1,934	1,701	3,635		
Infant deaths (under 1 year)	65	43	108		
Infant mortality rate :					
Total (per 1,000 live births)				18.05	18.0
Legitimate (per 1,000 legitimate live births)				17.50	
Illegitimate (per 1,000 illegitimate live births)				26.18	
Neonatal (first four weeks) mortality rate per 1,000 live births				11.37	12.0
Early neonatal (under 1 week) mortality rate per 1,000 live births				10.36	11.0
Perinatal (stillbirths and deaths under 1 week combined) mortality rate per 1,000 live and stillbirths				23.42	23.0
Maternal deaths (including abortion)				—	
Maternal mortality rate per 1,000 live and stillbirths				—	0.18

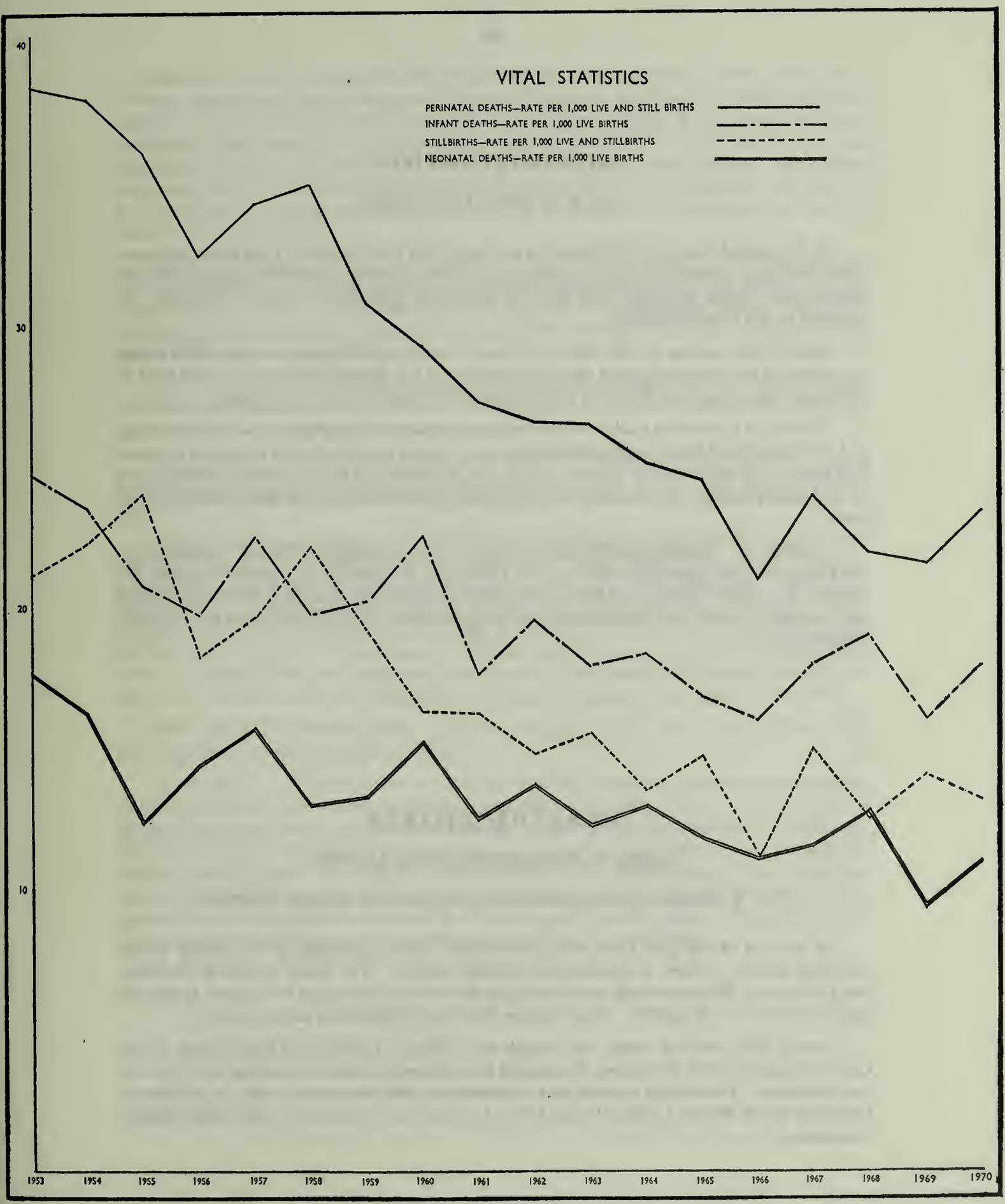
NORTHAMPTONSHIRE

Birth and death rates 1966-1970

	1970	1969	1968	1967	1966
Live birth rate per 1,000 population ...	17.70	18.10	18.80	18.00	18.51
Stillbirth rate per 1,000 live and stillbirths ...	13.19	14.03	12.45	15.00	11.13
Infant mortality rate per 1,000 live births ...	18.05	16.07	19.00	18.00	16.01
Neonatal mortality rate per 1,000 live births ...	11.37	9.21	12.77	11.41	11.08
Perinatal mortality rate per 1,000 live and stillbirths	23.42	21.45	21.95	24.00	21.05
Maternal mortality rate per 1,000 live and stillbirths	nil	0.17	0.35	nil	nil


BIRTH RATE PER 1000 POPULATION
COUNTY RATE
NATIONAL RATE
20,00
19,00
18,00
17,00
16,00
15,00
1963
1964
1965
1966
1967
1968
1969
1970


VITAL STATISTICS
LIVE BIRTHS—RATE PER 1,000 POPULATION
DEATHS ALL AGES—RATE PER 1,000 POPULATION
23
22
21
20
19
18
17
16
15
14
13
12
11
10
1920
1930
1940
1950
1960
1970


VITAL STATISTICS
PERINATAL DEATHS—RATE PER 1,000 LIVE AND STILL BIRTHS
INFANT DEATHS—RATE PER 1,000 LIVE BIRTHS
STILLBIRTHS—RATE PER 1,000 LIVE AND STILLBIRTHS
NEONATAL DEATHS—RATE PER 1,000 LIVE BIRTHS
40
30
20
10
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970

ADMINISTRATION

MR. R. J. BRUCE, CHIEF CLERK

In the Annual Report for 1969 mention was made that there were still a few minor problems to be resolved in connection with the reorganisation of the administrative structure of the Health Department. These problems were resolved during the year which could, in retrospect, be regarded as one of consolidation.

However the passing on 29th May of the Local Authority Social Services Act, 1970 meant that within a comparatively short time the structure of the Health Department would need to be changed once more and details of these changes will be given in my next report.

The Health Committee made certain recommendations for strengthening the administrative and clerical staff and these recommendations were still under consideration at the end of the year. Full details will be given in next year's report but the effect will be to provide additional staff on the higher grades in order to share the burden hitherto undertaken by the senior administrative staff.

A course on " Management Studies for Senior Local Government Officers " organised by the Department of Adult Education of the University of Leicester in consultation with the Clerk of the County Council, was held at the Leicester University Annexe at Northampton and was attended by staff of all departments, including members of various disciplines in the Health Department.

HEALTH CENTRES

(Section 21, National Health Service Act, 1946)

MISS J. PEARSON, SENIOR ADMINISTRATIVE ASSISTANT (HEALTH CENTRES)

At the end of the year there were three health centres operating in the County giving combined medical services to approximately 28,000 patients. The health centres at Daventry and Queensway, Wellingborough have been open for over two years and are helping to give an improved service to the public. These centres have been described in earlier reports.

During 1970, one new centre was completed at Burton Latimer and handed over to the County Council on 18th November; the general practitioners commenced working from there on 1st December. The official opening was performed on 8th December by Mr. A. A. Morby, Chairman of the Burton Latimer Urban District Council and a member of the County Health Committee.

The health centre provides the main surgeries for a group practice of four general practitioners, although the branch surgery at Finedon will continue to be held. All the local health authority services which had been accommodated in other premises in the town have been transferred to the health centre, and these include: child welfare clinics, health education, hearing assessment sessions, ante-natal and relaxation classes. As in other health centres, child welfare clinics are run on an appointment system and this is found to be very satisfactory. It is hoped at a later date to accommodate speech therapy, family planning and psychiatric out-patient clinics in this health centre.

The treatment room is staffed by a district nurse during surgery hours. Office accommodation is provided for the health visitors and district nurse/midwives who are attached to the general medical practice. The supporting staff comprises an administrator and part-time clerk receptionists who will provide secretarial and clerical help for the local health authority staff as well as for the general practitioners.

Accommodation has been planned to group around a multi-purpose central area which can be divided into two equal parts by a sliding folding timber screen, thus forming, when required, separate areas for waiting and health education.

The provision of a staff common room with access to the small kitchen, which also serves the health education area enables all members of the centre staff to meet in an informal atmosphere.

Throughout the year, meetings were held with representatives of the fifteen general practitioners in Corby who had shown interest in working from a health centre, together with Executive Council, Regional Hospital Board and County Council officials. Negotiations for a site on land adjacent to the Corby Diagnostic Centre were fairly advanced by the end of the year. There are plans for a community hospital to be built in the vicinity of the Corby Diagnostic Centre, and with this in mind, statistical research has been carried out on the uses being made of the Corby Diagnostic Centre by the general practitioners to help decide how services between the proposed health centre and the Diagnostic Centre can be integrated and duplication avoided.

The building of Towcester Health Centre was completed at the end of the year and details will be given in the annual report for 1971.

The building of the fifth health centre in the county is to commence at Irthlingborough in April 1971, and the first meeting to discuss the building of a health centre in the Desborough/Rothwell area was held with general practitioners in August 1970 and negotiations are continuing. Due to the difficulty of acquiring a suitable site, no progress was made during the year with the proposed health centre at Kettering. At Wellingborough, the modifications to three houses on the Hemmingwell Estate were completed in September, but unfortunately, the general practitioners who had expressed an interest in their temporary health centre withdrew at a very late stage, having decided they would prefer to provide their own premises.

CHILD HEALTH

Dr. V. V. Tracey, Senior Medical Officer for Child Health

1. Introduction

The main effort of the Child Health Section during the year was directed towards making a systematic assessment of the needs of the child population, utilizing the procedures set up previously for screening tests on all children at appropriate ages and the periodic review of children on the observation register. A comprehensive list of screening procedures is given on page 21.

2. Hearing screening of young babies

With the completion of the staff training programme there was a substantial increase in the percentage of babies screened for evidence of hearing defects. The computerised birth notification data is now used to produce, month by month, lists of names and addresses of babies reaching the age of nine months and due for the free field screening test. It has been most encouraging to note the ready response by mothers to the invitation to attend at health centres and clinics for the hearing test on their babies.

3. Developmental assessment

Progress in establishing systematic developmental assessment at child health clinics has been slower, though the value of using a standardised assessment procedure is now widely accepted and forms a regular part of the examination of babies and young children attending clinics. There is still need to concentrate more effort on encouraging the attendance at child health clinics of children in the two to five-year age range.

A further problem has been the lack of a short assessment chart covering this age range; though various assessment charts are in existence, none is ideal. There is a need for a chart which will provide a reasonably accurate profile of the child's abilities and attainments, in the course of a short interview. At the end of the year a small group of medical officers interested in developmental screening met to draw up a list of tests for use in an experimental chart. It is hoped to develop this further in the near future.

Though, ideally, all children should be screened periodically by medical officers, this is impossible to achieve because of the present shortage of available doctors, and the heavy demands on their time. It has been necessary, therefore, to rely upon health visitors to make a preliminary screening test and to refer for medical examination children who fail to pass at the expected level for their age. Increasing familiarity with the techniques of developmental assessment have assisted health visitors in bringing to the notice of medical officers, the children most in need of more detailed examination. Some of these children have been examined by local authority medical officers and a substantial number are now being referred to general practitioners by health visitors attached to practices.

4. The observation register and handicapped children

By the end of the year, the monthly review of a proportion of the children on the observation register was a well-established routine. Health visitors have made the majority of reports, with medical officers carrying out examination of selected cases to decide whether or not there is a need to recommend special education. The observation register is proving to be a satisfactory means of keeping under surveillance children who need both short term and long term observation because of handicapping conditions, both before and after reaching school entry age.

During the Spring term of 1970, the Department of Education and Science carried out a survey of physically handicapped children attending ordinary schools and a detailed account of the survey in this County is included later in this report (see pages 104 to 105). Many of the children within the terms of reference of the survey were not seriously handicapped, though there is a small but increasing number of children with severe physical handicaps attending ordinary schools in various parts of the County. Co-operation between teachers and parents has made it possible for these children to live at home and to mix at school with normal children of their own age.

5. Nurseries and Child-Minders

In order to meet the continued demand for day care of pre-school children, particularly in parts of the County with a high level of employment for women, many new applications for registration of day nurseries, pre-school playgroups and child-minding in private houses were dealt with. Figures relating to registrations appear on page 24. Registered places for 3,739 children were available throughout the County.

Towards the end of the year, plans were being made in anticipation of the handing over of responsibility for this service to the newly created Department of Social Services. A number of meetings were held with people likely to be involved with this type of provision in the future.

6. Child health statistics

The number of live births during 1970 showed only a very small increase though the birth rate for the County is still well above that for England and Wales. The steady increase in the proportion of mothers having their babies in hospital rather than at home has important implications for child health. The full table is shown on page 46 but the percentage of hospital deliveries in 1970 was 86.1, this being 2% more than in 1969. In addition to the specialised services available in hospital to deal with emergencies in the perinatal period there is the advantage that every baby is thoroughly assessed by a medical officer skilled in examination of the newborn so that minor as well as major defects are detected. As excellent co-operation has been established with the paediatric consultants of the local hospitals and those in adjoining areas, copies of the reports on babies born in hospital are received by the Child Health Section.

Full details of premature births—babies weighing 5½lbs or less irrespective of the length of the gestation period—are given in Table I. The figures for 1970 show a very slight increase in the proportion of premature births notified and there was also a fall in the percentage of premature babies surviving the neonatal period.

Prematurity and congenital malformations separately and combined accounted for 80% of the deaths of babies under the age of four weeks. Over the age of four weeks, infections, mainly respiratory, were the commonest cause of infant deaths, accounting for 69%.

Causes of death under four weeks of age

Prematurity alone	24
Prematurity and congenital malformations ...	1
Prematurity and respiratory distress syndrome ...	9
Congenital defects alone	21
Birth trauma	4
Haemorrhage	1
Intestinal obstruction	2
Hydrops foetalis	1
Neonatal infections	2
Neonatal asphyxia	2
Hypothermia	1
	68

Causes of death between 4 and 52 weeks of age

Infections	
Respiratory	22
Other	5
Prematurity and congenital malformation ...	1
Accidental deaths	3
Congenital defects alone	5
Congenital defects and infection	3
Prematurity alone	1
	40

7. Child health clinics

The number of children under the age of one year who attended child health clinics during 1970 increased slightly, though the graph shows that this represents a smaller proportion of this age group than a few years ago. This can be accounted for by the increasing number of general practitioners providing similar clinics for the babies in their practices at their own surgeries. This trend is welcomed as evidence of the growing interest in developmental paediatrics outside the field of local authority work.

One new child health clinic was opened in the early Autumn and one of the local general practitioners attends the monthly sessions.

8. Welfare foods

Statistics of the sales of welfare foods are presented in Table IV. There was a very marked decrease in the demand for National Dried Milk. Because of lack of demand and difficulty in finding people willing to take on the responsibility, ten welfare food distribution centres were closed during the year.

9. Screening programme—Birth to school leaving age

6th day	Guthrie blood test to detect cases of phenylketonuria
0-3 months	Ortolani test for congenital dislocation of the hip
9 months	Hearing screening
12 months to $4\frac{1}{2}$ years	Annual developmental screening
5 years	Vision screening; school entrants' medical examination
6 years	Hearing screening
8 years	Vision screening
10 years	Selective medical examination
12 years	Vision and colour vision screening
14 years	Vision screening; selective medical examination

10. Survey of one-parent families

In order to collect information to submit to the Finer Committee which is enquiring into the needs of one-parent families, health visitors were asked to complete a questionnaire about each family known to them which came within the Committee's terms of reference. The range of information requested included the size of the family, social class background and evidence of problems over finance, housing and health. Three hundred and twenty-six forms were completed, of which only 25 (7.7%) related to families with a father only. The preponderant unmet need of one-parent families is the availability of day care for children of pre-school age.

11. Battered babies

In recent years there has been an increasing awareness of the problem of battered babies. If no preventive action is taken when these cases first come to light the child may be at risk of further injury and subsequent children may be similarly at risk. The risk of battering is greatest under the age of two years, though cases involving older children are known. Case histories reveal a high proportion of premature babies and children who have been neglected by their parents. The parents themselves are frequently suffering from a variety of emotional conflicts and personality disorders and are often socially isolated. From the preventive aspect, two facts are of great importance, the injuries to individual children may be repeated, and studies by the National Society for the Prevention of Cruelty to Children showed an increased risk of a subsequent child in the family being injured.

In February 1970, the Chief Medical Officer of the Department of Health and Social Security and the Chief Inspector of the Children's Department of the Home Office wrote jointly to Children's Officers and Medical Officers of Health asking them to consult together, and to bring into their discussions other agencies involved, to review the situation and to decide what further arrangements should be made to ensure that all necessary protection and assistance is made available to the child and to the family.

Local provision for the early detection of families in which battering of children was thought to have occurred and the development of plans to ensure that a co-ordinated procedure would be adopted were discussed with the County Children's Officer and consultant paediatricians from Northampton and Kettering Hospitals. A procedure for the detection and surveillance of these families was drafted and this formed the basis for discussion at a meeting to which representatives from other agencies involved were invited.

In addition to representatives from this Department and the Children's Department, the meeting was attended by a consultant paediatrician, the senior police surgeon, the Assistant

Solicitor in the Clerk of the Council's Department and representatives from the Local Medical Committee, the police, the National Society for the Prevention of Cruelty to Children and the Health and Children's Departments of the County Borough of Northampton.

It was agreed that consultation between the agencies concerned and a co-ordinated approach to cases of suspected child battering was essential. A liaison team, which was already operating in one area of the County centred on a consultant paediatrician, permitted joint consultation, and it was agreed that the scheme should be extended to cover the whole County.

CHILD HEALTH STATISTICS AND TABLES

TABLE I

Premature infants

(Birth weight 5½lbs or less, irrespective of gestation period)

	1970	1969	1968
Premature live births			
Born in hospital	364	336	398
Born at home	37	30	30
	401	366	428
Premature stillbirths			
Born in hospital	38	50	39
Born at home	1	2	4
	39	52	43
Total live and stillborn premature births	440	418	471
Percentage of total live and stillbirths	7.2	6.9	7.7

TABLE II

Causes of death under one year

The details of deaths given in the table below have been analysed from the weekly returns which are received from the local registrars. The table is based on causes of death as given on the death certificate but, as practitioners vary in the way in which they complete these, the classification is not uniform. In all cases where prematurity was mentioned on the death certificate, this has been classified as the cause of death.

	1970			1969		
	Age in weeks			*Age in weeks*		
CAUSE OF DEATH	-4	4-52	*Total*	-4	4-52	*Total*
Prematurity	33	2	35	26	1	27
Congenital malformations ...	21	9	30	13	16	29
Respiratory diseases	2	21	23	5	20	25
Infections (other than lung and gut)	2	5	7	3	1	4
Asphyxia and atelectasis ...	2	—	2	3	—	3
Birth injury	4	—	4	2	—	2
Accidental	—	3	3	—	—	—
Enteritis and diarrhoea	—	—	—	2	1	3
Haemolytic disease	1	—	1	3	—	3
Other causes	3	—	3	1	5	6
TOTAL	68	40	108	58	44	102
No. of live births			5,934			5,917
Infant mortality rate per 1,000 live births			18.1			17.2

TABLE III

Congenital malformations observable at birth

Category	*Northamptonshire*				*England and Wales*	
	1970	%	1969	%	1969	%
Central nervous system ...	19	14.9	32	27.4	3,302	23.6
Eye-ear	3	2.3	2	1.7	470	3.4
Alimentary system	14	10.9	11	9.5	1,628	11.7
Cardio-vascular system ...	5	3.9	1	.8	632	4.5
External genitals	8	6.3	3	2.6	994	7.1
Limbs	46	35.9	47	40.1	5,521	39.6
Other	33	25.8	21	17.9	1,412	10.1
Total	128	100.0	117	100.0	13,959	100.0

Note: Where a child had multiple abnormalities of the same generic category (e.g. Spina bifida with hydrocephalus: or hare-lip with cleft palate) for the purpose of the table it has been included once only.

The number of congenital abnormalities by site reported in Northamptonshire was 128 or 2.11% of the total live and stillbirths compared with 1.91% for 1969.

During the year, 117 babies were reported as having a total of 148 abnormalities an analysis of which is as follows:

CENTRAL NERVOUS SYSTEM

Anencephalus	12
Hydrocephalus	4
Other defects of brain	2
Spina bifida	7

EYE, EAR

Accessory auricle	1
Other defects of ear	2

ALIMENTARY SYSTEM

Cleft lip	10
Cleft palate	9
Tracheo-oesophageal fistula	1
Malformation of tongue	1
Other defects of alimentary system ...	2

HEART AND CIRCULATORY SYSTEM

Specified malformations of heart and circulatory system	2
Unspecified malformations of heart and circulatory system	3

URO-GENITAL SYSTEM

Malformation of female vagina and external genitalia	1
Exstrophy of bladder	1
Hypospadias, epispadias	6

LIMBS

Polydactyly	5
Syndactyly	3
Reduction deformity hand or arm ...	1
Reduction deformity leg or foot ...	1
Talipes	31
Congenital dislocation of hip ...	5
Other specified malformations of upper limb	1
Unspecified limb malformations ...	4

OTHER SKELETAL

Malformations of skull or face bones	2
Chondrodystrophy	2
Other malformations of musculo-skeletal system	6

OTHER SYSTEMS

Pigmented naevus	12
Exomphalos, omphalocele	3

OTHER MALFORMATIONS

Down's syndrome	5
Other and unspecified congenital malformations	2
Other specified syndromes	1

Of the 117 babies where abnormalities were detected at birth, 12 were stillborn and 17 subsequently died. In 22 cases more than one abnormality was detected; of these one was stillborn and seven died.

TABLE IV

Sales of welfare foods

	1970	1969	1968
National dried milk (full and half-cream)	27,848	45,460	59,319
Cod liver oil	4,007	4,222	4,474
A and D tablets	5,113	4,341	3,930
Orange juice	94,603	88,444	79,331
	131,571	142,467	147,054

TABLE V

Nurseries and Child-Minders

(i) *Premises*	1970	1969
Registered premises	108	97
Registered persons	261	184
(ii) *Children*		
NUMBER OF CHILDREN ACCOMMODATED	1970	1969
In registered premises	2,820	2,367
By registered persons	919	552
TOTAL	3,739	2,919

TABLE VI

Observation register at 31st December, 1970

At the end of the year there were 1,497 children on the observation register, and of these 478 were born in 1968, 469 in 1969, and 550 in 1970.

During the year, 48 children whose names were on the register died, 115 moved out of the County, and 50 were considered to be developing normally, and their names were removed.

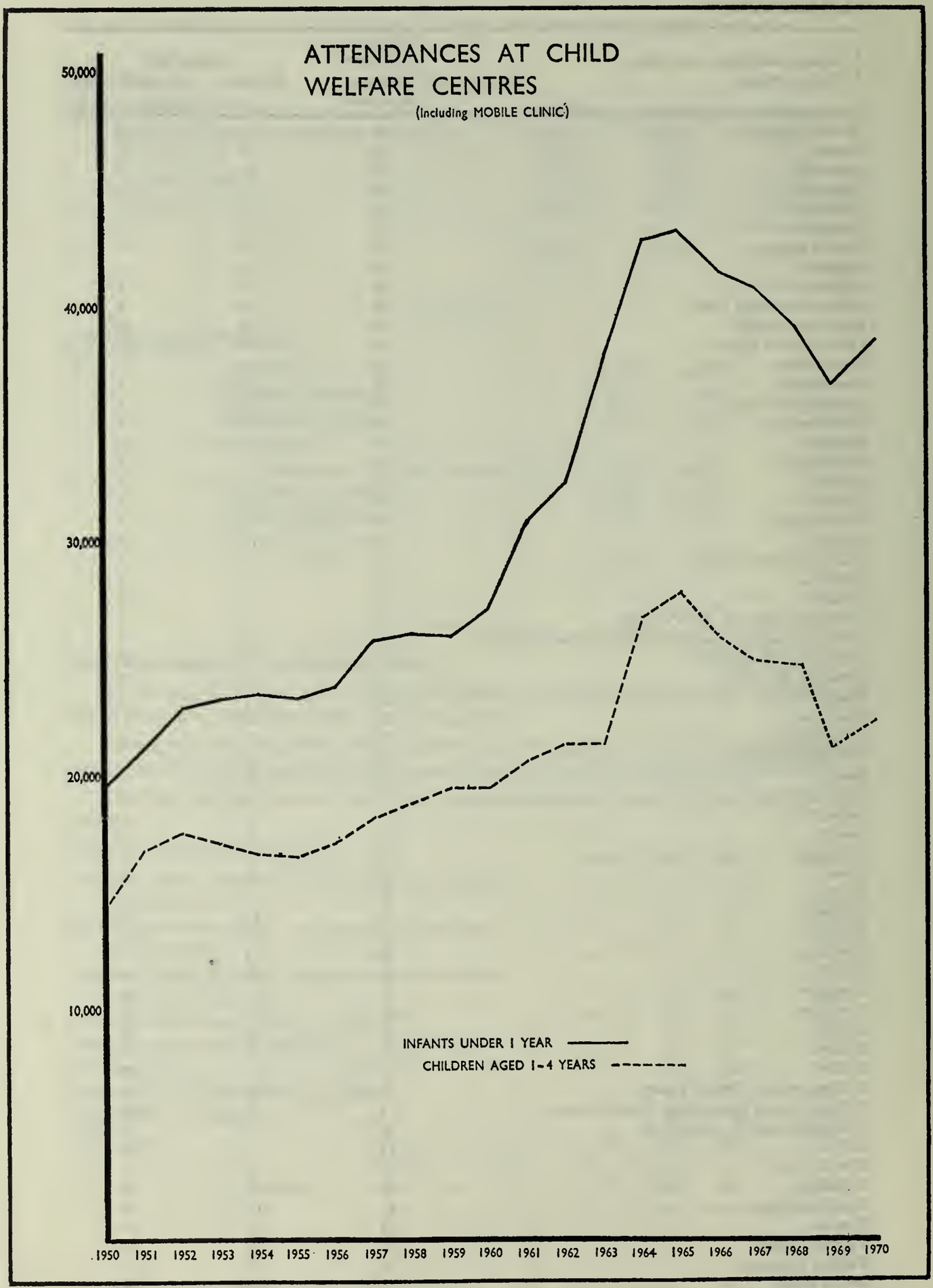
The following table is an analysis of the categories relating to the children on the observation register:

Analysis of observation categories	1970	1969	1968	Total
Gestation period less than 36 weeks and birth weight under 4½lbs.	42	47	39	128
Birth weight under 4½lbs., but gestation period more than 36 weeks	33	28	36	97
Gestation period less than 36 weeks but birth weight more than 4½lbs.	63	62	38	163
Gestation period more than 42 weeks	15	34	45	94
Jaundice—more than 20 mgm%	7	11	10	28
Birth asphyxia	21	43	23	87
Respiratory distress, cyanotic attacks	1	14	15	30
Congenital malformations	74	71	49	194
Other	294	159	223	676
Totals	550	469	478	1,497

TABLE VII

Child health clinics

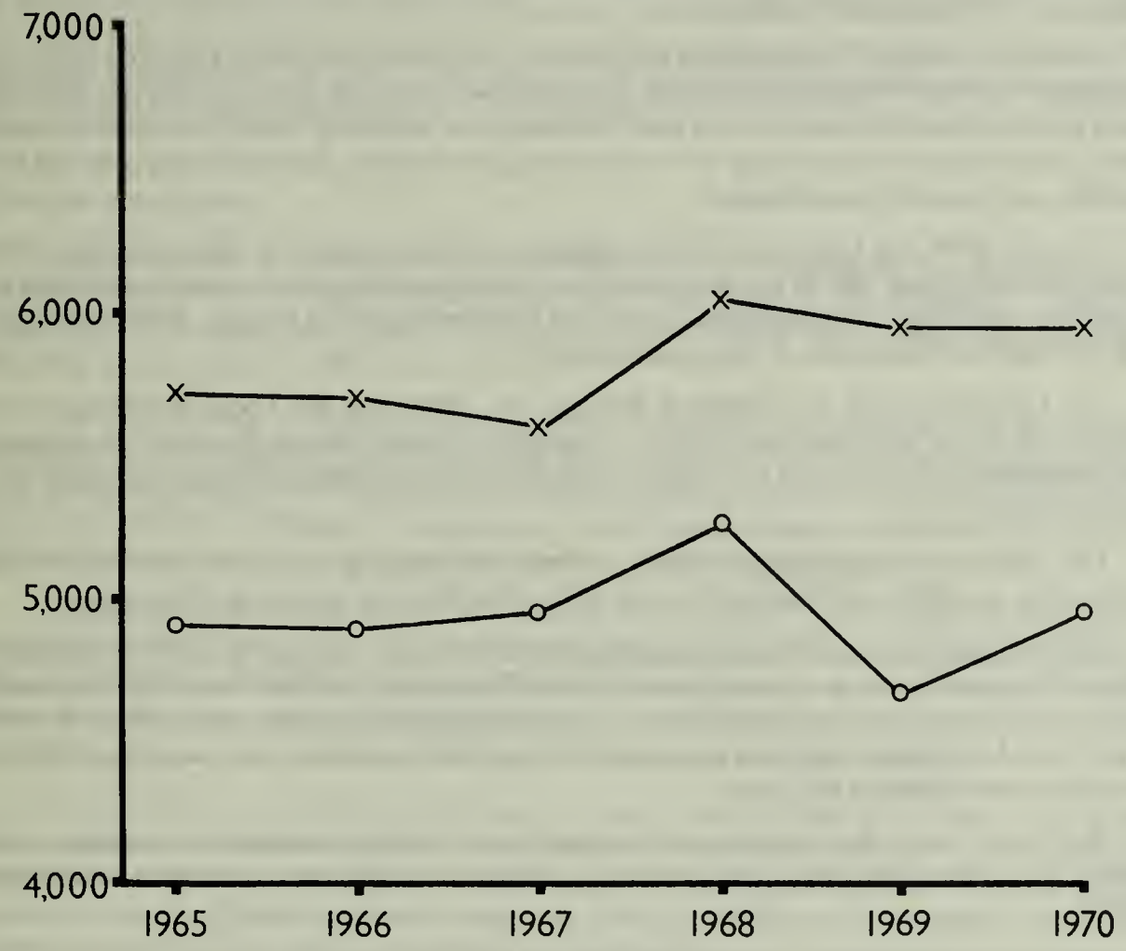
* *Average attendances per village* † *Visits to village*	*Average no. of children attending per session*	*Sessions held* By doctor	By health visitor
Barton Seagrave	42	45	4
Bozeat	44	12	—
Brackley	22	11	1
Brigstock	19	7	5
Brixworth	18	11	1
Broughton	41	11	1
Burton Latimer	97	16	8
Cogenhoe	51	12	—
Collyweston	37	11	1
Corby (Pen Green Lane)	14	42	8
Corby (Beanfield)	46	66	34
Corby (Stuart Road)	23	59	36
Deanshanger	71	24	—
Desborough	56	23	1
Doddington, Great	39	11	1
Earls Barton	43	25	1
Finedon	26	9	15
Geddington	30	9	3
Gretton	24	11	1
Hackleton	47	12	1
Hardingstone	19	10	7
Harpole	27	11	1
Hartwell (from August)	32	2	3
Helmdon...	17	11	1
Irchester	72	11	13
Irthlingborough (St. Peter's Hall)	37	47	1
Irthlingborough (Community Centre) (closed October)	10	9	1
Kettering (School Lane)	43	76	70
Kettering (St. John)	9	10	12
Kings Sutton	33	11	1
Kislingbury	42	12	—
Long Buckby	15	7	3
Middleton Cheney	42	12	—
Moulton	33	22	—
Old Stratford	40	10	1
Onley Park	18	12	—
Oundle	32	22	2
Potterspury	49	11	—
Raunds	64	11	1
Roade	40	12	—
Rothwell	53	12	1
Rushden	66	87	11
Silverstone	38	12	—
Spratton	25	12	—
Thrapston	30	11	1
Towcester	28	10	2
Weedon	24	9	3
Weldon	20	9	3
Welford	31	10	3
Wellingborough (Oxford Street)	42	59	6
Wellingborough (Queensway Health Centre)	8	2	267
Wellingborough (St. Andrew's)	20	13	11
Welton	12	7	4
West Haddon	25	10	2
Wollaston	42	10	14
Woodford Halse	41	10	2
Wootton...	24	12	—
Yardley Gobion	43	12	—
Yardley Hastings	31	12	—
Mobile Clinic	10*	409†	32†
Totals	—	1,484	601


ATTENDANCES AT CHILD WELFARE CENTRES
(Including MOBILE CLINIC)
50,000
40,000
30,000
20,000
10,000
INFANTS UNDER 1 YEAR
CHILDREN AGED 1-4 YEARS
1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970

CHILD HEALTH CLINICS

Live births x——x

Children under 1 year attending child health clinics o——o



	1970	1969
Number of children under the age of 1 year who made at least one attendance.	4,940	4,628
Total attendances by children under 1 year	38,764	36,745
Total attendances by children 1 - 5 years	22,675	21,135

ADULT HEALTH

Dr. N. Soloff, Senior Medical Officer for Adult Health

1. Introduction

Concerned as we are with the mental, physical and social well-being of adults in the County, the functions and services of the Health Department overlap considerably with those provided within and outside the health services.

Besides the necessary and essential co-operation with family doctors and hospital staff, the boundaries between the medical needs and the social needs of people in the community are such that a good working relationship must exist between those providing health and social services. This is particularly true in the care of the very young, the elderly, the chronically sick and the mentally and physically handicapped.

The year 1970 has been one in which changes, and the prospect of future changes, both within the department and in the provision of community services, have caused much time to be spent on discussion of responsibilities, roles and relationships in the future. It is to be hoped that 1971 will see the benefit of this groundwork.

The Chronically Sick and Disabled Persons Act, 1970, and the Local Authority Social Services Act, 1970, were two major pieces of legislation enacted during the year, the contents and implications of which were the concern of all involved in providing community health and social services.

The effects of the legislation, which are very wide-ranging, and have been referred to elsewhere in the report, will not be felt until 1971, when the Acts are put into operation.

The two main services affecting the adult population in the community for which responsibility will be passing to the future Social Service Department, are the Mental Health Social Worker Service and the Home Help Service. It is immediately obvious that neither of these services can be divorced from the provision of related health services, and only time will tell what effect these changes will have.

It is to be hoped that awareness of the need for co-operation referred to previously, will enhance the relationships and liaison between the various branches of the developing community services.

Within the department itself, staff changes and ill-health have meant that much work has been in the form of a " holding operation " although there has been considerable consolidation of programmes already begun.

Due to the ill-health of other members of staff, the senior clerk in the Adult Health Section, was asked to take on extra duties, preventing him from developing as fully as necessary, the clerical services of the section, so essential to the administration of clinical services.

The situation was also complicated by the fact that a number of the administrative functions of the section were due to be transferred to the Social Services Department early in 1971, while other functions within the Health Department were due to be taken over by the Adult Health Section at the same time. Despite this, there has been continuing provision of the family planning and cervical cytology services and increasing use made of the medical loan service.

The latter service in common with the occupational therapy service, are further examples of an overlap of health and social service functions which will require the best of relationships and good-will in the provision of services, if they are to be both efficient and effective in providing the greatest benefit to the patient. Neither is it too early to anticipate the future re-organisation of the health services, in considering how community and hospital services might best be co-ordinated or integrated. It would be naive to think that this will be a simple task, but tackled it must be, if the patient is not to be lost sight of as a whole being in this increasingly complicated and disintegrated society.

A service which has shown a potential for further development is that of chiropody. This is due to the employment, for the first time, of a full-time senior chiropodist, Mr. R. Gaskill, since 2nd September. Before the end of the year, Mr. Gaskill had conducted a survey into the provision of chiropodial services in the County, and made valuable contacts with chiropodists and voluntary welfare committees, through whom the service is run, throughout the County.

Care of the elderly

Discussions have been held with the geriatricians in the Northampton and Kettering areas on liaison in relation to hospital discharge and care of the elderly in the community. Since her appointment late in the year, Miss V. M. Greenham, Chief Nursing Officer, has been considerably involved in this aspect of liaison with hospitals.

The pre-planning of hospital discharge, and ultimately, the prevention of unnecessary admission of elderly people to hospital by their effective care and maintenance in the community, is a paramount example of the need for co-operation between hospital and community health and social services. Thought is being given to how this can best be achieved in the light of future changes in the local government services and ultimately, the health services.

In Northampton, the attendance of a nursing liaison officer, Miss L. Bogle, Deputy Superintendent Nursing Officer at some of the weekly geriatric case conferences at St. Edmunds Hospital, has proved helpful, but its usefulness is restricted by the limited number of patients from the County who are cared for in the hospital. The possibility of using the facilities of a future Department of Community Medicine in Northampton are being considered.

In Kettering, as in Northampton, there has been an open invitation for health visitors and district nurses to attend the geriatric case conferences, but this has proved impractical in the case of any individual nurse or health visitor because of the few patients with which she may be personally involved being discussed at any time during a conference lasting some hours. The development of health visiting, nursing and occupational therapy liaison appointments may well prove to be a fruitful line of investigation, and a worthwhile means of co-operation.

What has been said, in no way belittles the excellent relationships which have been developed between the hospital staff and the community health teams and any alteration in the structure of the services must be considered carefully in this light, hoping only to improve, and certainly in no way to hinder, these relationships.

To assist in finding out in what way the Health Department might be of further assistance in the co-ordination of community care for the elderly, agreement was obtained, towards the end of the year, from the Local Medical Committee, for copies of letters from the geriatricians to family doctors regarding patients discharged from hospital, to be sent to the County Medical Officer of Health. This was due to be started in the early part of 1971.

Handicapped school-leavers

School-leaving is a time in people's lives which needs planning, particularly in the sphere of employment, if problems and difficulties are to be avoided or, at least, kept to a minimum. This obviously applies even more so in the case of a handicapped school-leaver.

To see in what way the Adult Health Section could help in the co-ordination of services to the handicapped school-leaver, discussions were held with Mr. B. D. Carr, Principal Careers Officer for Northamptonshire, who has developed an excellent relationship with the Health Department and with the staff of special schools. Discussions have also been held with the head teachers of schools for the educationally sub-normal and physically handicapped, out of which it became obvious that there were a substantial number of school-leavers who would either immediately or subsequently, find difficulty in obtaining or holding a job. Improved relationships with employers and the development of rehabilitation, training and resettlement schemes will go some way to help, but there will always be people whose handicap is too great for them to compete in the open employment market, particularly in areas of high unemployment. For these, as well as the middle-aged handicapped and chronically sick, there is a need for sheltered or protected work, to provide them with the dignity and routine of employment.

The Disablement Resettlement Service has shown a keen interest in the provision of sheltered work and is awaiting the establishment of the new Social Services Department, when it is hoped that discussions will ensue on this aspect of community provision.

Medical service to the fire brigade

In September discussions were started with Mr. N. C. Mountford, M.B.E., Chief Fire Officer for Northamptonshire, regarding the development of a medical service to the Fire Service. This was initiated by a request from the Secretary of State for Home Affairs, following a report of the Committee to Review the Medical Standards for the Fire Service, under the chairmanship of Sir George Godber, K.C.B., Chief Medical Officer of the Home Office.

The Committee revised the medical criteria for entry to the service and recommended periodical medical examinations in serving firemen aged forty years and over. Plans are being made to implement a proposed scheme of medical examinations in April 1971.

While specific services related to the care of children as well as adults, such as nursing and midwifery, health visiting and health education, are dealt with separately, those which are mainly concerned with the adult population are included in this section.

Medical examination of teachers

Three hundred and forty-four candidates for admission to teachers' training colleges and to the teaching profession were medically examined, together with fourteen candidates examined on behalf of other authorities. None was classified as medically unfit to teach.

2. Family planning

In September, 1969, following a review of family planning needs and services carried out by this department, the Health Committee agreed that a service, complementary to that offered by general practitioners and by the Family Planning Association should be provided. This service would seek to identify and cater specifically for those women in social or medical need who are unable to benefit from the other facilities available. No charges for advice, treatment or supplies are made for patients in these priority groups.

From January to March, new clinics offering a full range of facilities and treatment were established in Corby, Daventry and Wellingborough, and in April at Kettering General Hospital, where the clinic was conducted by Mr. J. M. Ritchie, a consultant gynaecologist, who kindly offered his help. The number of patients attending the clinics increased steadily, and later in the year additional clinics were opened in Daventry and Wellingborough. At Corby, many patients were seeking advice and supplies on evenings when a clinic was not being held and to meet this need, an advice and supplies clinic, staffed by a health visitor only, has been established.

In order to identify patients in social need of family planning treatment, family doctors and local authority field staff, including health visitors, midwives, district nurses and social workers are asked to refer women in this group to the clinics. The criteria for referrals on social grounds are based largely on whether the standard of child care in the family might be lowered if another child were born, and would include families receiving supplementary benefits or in low income groups, particularly large families.

In March, the Health Committee agreed that revised charges should be made in respect of patients not referred to the clinics on grounds of social or medical need. It was found that the clinics were being used to a considerable extent by such patients, although the primary purpose of the service is to provide free treatment for women in social or medical priority groups. It was necessary, therefore, to make charges for supplies to other patients, which would be comparable with the cost of attending the Family Planning Association clinics or their own family doctors, although no charge is made for advice or consultation. Patients in social or medical need are given precedence over those who do not fall into these categories.

Until 1970, it was the policy of this authority to pay a per capita fee in respect of patients referred to the Family Planning Association. This fee covered only advice and treatment, the patient being responsible for purchasing supplies, and applied only to patients referred on medical grounds. In May it was arranged that this should be extended to cover patients in social need, and a fee is paid for advice, treatment and supplies for patients from this county referred to the Family Planning Association clinics in Northampton and Rugby. In June, the Health Committee agreed to similar arrangements being made in respect of the clinic at Banbury.

FAMILY PLANNING—CLINIC STATISTICS

	New patients *Referred on*				**Treatment**			**Total attendances**
	Social grounds	*Medical grounds*	*Non-priority*	*Total*	*Oral contraceptive*	*I.U.D.*	*Other methods*	*(including revisits)*
Corby	61	29	50	140	68	21	51	412
Daventry	49	10	—	59	38	14	7	144
Kettering	31	7	23	61	3	33	25	168
Wellingborough	45	6	37	88	28	34	26	177
Totals	185	52	110	348	137	102	109	1,001

3. Care of unmarried mothers

Financial responsibility was accepted by the County Council for the maintenance of 17 unmarried mothers in mother and baby homes. Each girl was required to contribute any maternity benefit she received, less an allowance for pocket money of £1, other voluntary payments made on behalf of any applicant being deducted from the final account.

Of the 382 illegitimate births in the County, 108 were helped by case workers of the Northampton Diocesan Catholic Child Protection and Welfare Society and the Peterborough Diocesan Family and Social Welfare Council, the latter body receiving a grant of £1,200 from the County Council towards the cost of its work in the community.

Of the cases helped by these organisations, 81 were first pregnancies. The ages of the mothers ranged from 15 to over 30 years, with those aged 21 or less accounting for 72 (66.6%) of the total.

4. Cervical cytology

The provision of this service to the women of the County was continued with a slight increase being shown in the numbers of smears taken at local health authority clinics. The service is provided not only at special cytology clinics held in Corby, Kettering, Northampton and Wellingborough but also at all the regular family planning clinics held throughout the County.

During the year, special arrangements were made for the mobile clinic to make two visits to a village in the County to take cervical cytology tests. This was arranged through the local branch of the Women's Institute and enabled forty women in the village concerned to be examined, many of whom would have been unable to attend a central clinic.

Sources of cervical smears processed at hospital laboratories

	Hospital	*G.P.*	*Health Dept. Clinics*	*F.P. Clinics*	*Other*	*Total*
Northampton General Hospital	2,593	3,803	282	988	865	8,531
Kettering General Hospital	1,782	4,264	802	135	31	7,014
Total	4,375	8,067	1,084	1,123	896	15,545

5. Provision of nursing equipment

The number of items of medical and nursing equipment issued increased by 82.5% over the total issued in 1969.

Whilst the appliances are intended for short-term or temporary loan, in many cases, especially among the older people who form the majority of the recipients, the item is retained by them until their demise. Consequently many items are not returned and made available for re-issue for several months, or in some cases, years. A low percentage of the items issued are returned within six months. Because of this and because of the greater demand for equipment, with the increasing emphasis on community care, expenditure on the purchase of new supplies will continue to grow.

Equipment issued during 1970, together with comparable figures for 1969 and 1968, are listed below:

	1970	1969	1968
Back rests	188	143	97
Beds	29	27	25
Bedpans	112	122	66
Commodes	376	335	230
Cradles	155	95	78
Crutches	70	45	26
Foam rubber rings ...	165	147	81
Hoists	5	12	8
Lifting poles and chains ...	31	19	20
Mattresses	18	27	16
Toilet aids	47	53	34
Tripods	70	71	56
Urinals	100	75	59
Wheelchairs	217	165	186
Zimmer walking aids ...	524	447	392
Miscellaneous items ...	149	78	92
Totals	2256	1861	1466

6. Chiropody service

In July 1970, a senior chiropodist was appointed to co-ordinate the chiropody services available to the elderly and physically handicapped living in the County. He commenced duties in September and initially he was asked to examine present arrangements for providing chiropody. Surveys were carried out to examine, firstly, arrangements made by existing clubs and secondly to assess the possibilities for extending the present scheme. 309 questionnaires were circulated of which 180 (60%) were returned completed; 75% of these were from organisations with established chiropody arrangements. Much of the following information was based on the results of the survey.

There are at present 98 voluntary committees providing facilities for chiropody treatment for the elderly living in the County, thirty-five of these extend their services to neighbouring villages although this is done on a very limited scale. In many cases the committees are asked to accept these patients by this department after a request to provide treatment for a person in the area has been received from a general practitioner. These requests average about three or four per month for the whole County. Of the 370 villages in the rural districts 60% have chiropody services available to them.

The size of the clubs operating the present scheme range from the small rural clubs, providing 80 or less treatments a year, to the large urban clubs providing in excess of 6,000. In the rural areas the small clubs are operating a service for as few as six patients per visit and in such cases as this it is not unusual to find that a third of the total cost of providing the service is accounted for by expenses other than the chiropodists' fees. These include such expenses as travelling expenses of the chiropodists and hiring of the hall. The chiropodists' fees are laid down by the Whitley Council and this being so the amount that the patients are required to contribute towards the cost of the treatment is dependent on how far the club is prepared to subsidise them. In the small rural clubs, dealing with a few patients, the subsidy can be quite large and the patients' contribution quite small. However, where the club is dealing with a large number

of cases, e.g. in Kettering, Corby and Wellingborough it is found that much of the cost has to be passed on to the patients concerned, as subsidising this large number of treatments would put an impossible strain on the limited club finances. The premises where treatments are carried out vary from a room in a club member's house to the local village hall. The conditions are seldom ideal for carrying out treatments and during the next year it is proposed to make more use of the facilities at the County Council health centres.

Patients who are unable to attend the club or surgery for treatment are provided with a domiciliary service. It is not considered reasonable to ask family doctors or health visitors to provide certificates showing such a need, so that the decision to see a patient at home, is made by mutual agreement between the patient, chiropodist and the voluntary committee. In practice this usually presents no difficulties, which if they do arise can be referred to the family doctor, health visitor or district nurse. In many cases patients may be treated on a domiciliary basis where they are accepted for treatment by the club in whose area they do not live. This has been found to be for three main reasons. Firstly, that the distance is too great to expect the patient to travel and, secondly, the lack of available transport facilities. Thirdly, it has been found that there is a reluctance on the part of the clubs to involve people from outside their own neighbourhood in their club meetings.

Future extensions of the present service

In considering any extension of the present chiropody service it is felt that first it must be divided into two distinct groups. Firstly, the committees organising the service in the rural areas, and secondly the committees organising the service in the urban areas such as Corby, Kettering, and Wellingborough. In the rural areas, the present scheme works on a reasonably satisfactory basis, although the problems of travelling and premises are still apparent. The problem of travelling can be overcome by the establishment of the small local clubs whilst the problem of premises still remains. In some areas a central club at the health centre or clinic might ease the problem, but would not be a complete answer as the additional problem of travelling would again be encountered.

In the towns, the present service leaves much to be desired with problems regarding the financial arrangements. The service is far less personal and patients normally attend a chiropodist's own surgery for treatment. The financial problem is mainly caused by the fact that the clubs have to cater for such a large number of patients that the amount of money involved becomes substantial, e.g. at Kettering, where the club paid out fees to the chiropodists of £1,144 in one quarter. Most of the large clubs at some time or another have had problems regarding this financial aspect and it is hoped that, in future, plans may be made for the Scheme to be amended in the large urban areas to assist the clubs wherever possible.

Of the fifty organisations without a chiropody scheme who replied to the questionnaire, 60% considered there to be a need for setting up a service in their area and would give it consideration. Several in fact are in the process of making arrangements for chiropody treatments to be carried out in their area. Ten organisations thought that there was no need for such a service in their area and the rest offered assistance in transporting patients to a surgery or clinic in a larger town, should the need arise.

The main difficulty that arises, however, in starting a new service is in obtaining the services of a suitably qualified chiropodist to carry out these treatments. At present there are 46 chiropodists practising in the County with the necessary qualifications to work for the voluntary committees. All 46 were contacted with a view to ascertaining their availability to undertake

further work, but all except two of the chiropodists declined to undertake treatments at any newly formed club. However, fifteen offered to treat patients at their own premises but the rest were too heavily committed to undertake any further work at the present time.

The table below gives details of the development of the chiropody service over the past ten years.

CHIROPODY STATISTICS

Year	*Claim forms received*	*Voluntary organisations involved*	*Treatments given*	*Annual Cost*
				£
1961-62	153	40	8,900	1,666
1962-63	208	62	10,645	2,294
1963-64	174	64	17,500	3,266
1964-65	350	70	21,000	5,200
1965-66	365	75	25,000	7,500
1966-67	540	82	29,000	9,900
1967-68	585	90	35,500	12,550
1968-69	629	91	33,304	12,360
1969-70	690	98	44,513	*19,065
1970-71	716	98	42,693	19,544

*This figure includes an increase in fees to chiropodists backdated to 1st January 1969.

7. Haemodialysis

During the year, the policy whereby prefabricated cabins were provided for home dialysis in preference to converting an existing room was continued. The first two cabins which were ordered during late 1969 were delivered and these patients commenced dialysis at home early in 1970. One further patient was referred by the dialysis unit at Churchill Hospital during the year and as access to the site was too narrow to permit a completed unit to be installed, a sectional building was designed to be erected on the site. This, it is anticipated, will be operational early in 1971.

At the end of the year, six county patients were undergoing dialysis at home.

8. Occupational therapy

Mrs. J. Sharpe, S.R.O.T., resigned her appointment in January, and the vacancy was not filled until the appointment of Mrs. J. Gorman, S.R.O.T. in June. This temporary shortage of staff has resulted in many projects not being started until later in the year, and in some cases have been held over until 1971.

With a full establishment of staff it was possible, in September, to reopen the morning class at Moray Lodge, Duston, home for the mentally frail, which had previously been withdrawn due to a shortage of staff. The class caters for 6-10 women and each session lasts about one hour. It is not compulsory but a regular attendance has been established. Activities are varied from week to week and include craftwork, exercises, art, games and competitions. Following the opening of Corby Group Home in December 1970 arrangements were made for an occupational therapist to make regular weekly visits.

The discussions with the Department of Physical Medicine mentioned in the report for 1969 were continued during the year. Meetings were held with both the Senior Consultants in Physical Medicine and the occupational therapists at hospitals, in Kettering and Northampton, to attain a closer working relationship between the services provided by the hospitals and this authority.

During the year arrangements were made with the Adult Health Section for all medical loan requests from members of the general public to be referred to an occupational therapist for assessment. It is hoped in future to follow-up outstanding medical loans to assess the need for further aid and to ensure the correct usage of the equipment loaned.

Other activities during the year included a talk given by Mrs. Sessford at the home help service in-training course and a talk given by Mrs. Plunkett at the Corby working lunch on " Occupational Therapy in the Home ".

Occupational therapy classes

(a) *Desborough*

This class has continued to gain strength during the year, terminating with a Christmas Sale and dinner in December. During the year several films were shown and a talk on glass blowing was given. Trips were arranged and these included a tour of the tulip fields and a tour of the Wild Life Park at Woburn.

(b) *Thrapston*

During this year the membership of the class increased and reached full capacity. Similar trips to those organised for the Desborough Class were arranged. A Christmas Sale was held in November but the dinner planned for December was postponed until the New Year due to the power cuts.

Occupational therapy statistics

Category	*Patients under treatment* 31/12/69	*Home visits Quarter ended* 1970 *March*	*June*	*Sept.*	*Dec.*	*Patients under treatment* 31/12/70
Mentally subnormal	18	65	63	31	58	11
Mentally ill	31	153	167	139	131	29
Tuberculosis	2	28	34	57	53	5
Other illnesses	41	130	158	184	155	77
Total	92	376	422	411	397	122

	Total visits
Mentally subnormal	217
Mentally ill	590
Tuberculosis	172
Other illnesses	627
	1606

9. Convalescent home treatment

The total number of persons sent for treatment was 48 adults and 3 children compared with 33 adults and 8 children in 1969.

The patients were recommended as follows:

Community health team (family doctor, health visitor) ...	42
Mental health social workers	6
Hospital social workers	3

From 1st April 1971, the health department will cease providing convalescent home treatment and the responsibility for this service will be transferred to the Social Services Department.

NURSING SERVICES

HEALTH VISITING, HOME NURSING AND DOMICILIARY MIDWIFERY

Miss V. M. Greenham, Chief Nursing Officer

1. General development and trends

In the statistics of work done by the nursing services, increasing emphasis on care in the community and the development of attachment schemes is clearly reflected. The timely appointment of a Chief Nursing Officer to co-ordinate the health visiting, home nursing and midwifery services and to facilitate the further development of community nursing teams took place during the year which saw the publication of reports and the passing of legislation with important implications for the future of nurses in the community.

Early in the year, the Report of the Working Party on Management Structure in the Local Authority Nursing Services was published. A review is now in hand to bring the existing senior nursing structure into line with the recommendations outlined in that report.

The Committee on Recruitment and Education of Nurses was established in June, under the chairmanship of Professor Asa Briggs and, the following month, the " Peel Report " on Domiciliary Midwifery and Maternity Bed Needs, made far-reaching recommendations with the ultimate goals of unification of the maternity services and a 100% hospital confinement rate.

During the year, a survey into the work of the County's nursing services was commenced. This survey will examine the effect of attachment schemes and the whole concept of the team approach to health care. Possibilities for further delegation of duties to lesser qualified staff will be explored and it is hoped that the survey will reveal how the present organisation affects job satisfaction and staff morale.

2. Recruitment and staffing

Recruitment of health visitors, and of suitable students, has not been easy but there has been no shortage of applicants for other posts. Four students were sponsored for health visitor training.

TABLE VIII

Staff establishment

Chief Nursing Officer;

Superintendent Nursing Officer, Deputy Superintendent Nursing Officer and two Assistant Superintendent Nursing Officers;

Superintendent Health Visitor and Assistant Superintendent Health Visitor.

114 District nurses and domiciliary midwives, comprising

district nurse (full-time)	51
,, ,, (part-time)	13
district nurse midwife (full-time) ...	51
,, ,, ,, (part-time) ...	5
health visitor/district nurse/midwife ...	4

6 Group advisers (health visitors)

57½ Health visitors (including school/clinic nurses).

TABLE IX

Year ended 31 December	Population of County (estimated mid-year)	Establishment		Ratio of staff to population	
		Health visitors and clinic nurses	Nurses and midwives	Health visitors	Nurses and midwives
1966	306,500	53		1:5,783	
1967	311,990	54		1:5,777	
1968	321,120	55		1:5,839	
1969	330,160	58½	108	1:5,643	1:3057
1970	338,620	63½	114	1:5,332	1:2970

The establishment of health visitors was increased by three health visitors and two school/clinic nurses, to a total of 63½. This represents a staff/population ratio of 1:5332.

The establishment of home nurses and domiciliary midwives was increased by six to 114, including two male district nurses and seven state enrolled nurses. This represents a staff/population ratio of 1:2970.

3. Comments on statistics

District nursing

Tables X to XII and Diagram on pages 43-45 show how the volume of work continues to increase. In 1970, home visits rose by 9.4% to 187,490 and treatments in health centres by 26% to 12,825. The home visiting includes the new development of " day surgery " at Horton General Hospital, Banbury. Forty-five such patients received 242 visits from district nurses. Closer co-operation with general practitioners is bringing to light hitherto unknown needs especially those of the elderly, who make particularly heavy demands on the nursing services.

The health centre work and the care of day surgery patients have resulted in improved patient care, more effective deployment of resources and more varied work for the district nurses.

Domiciliary midwifery

Tables XIII to XV on pages 45-46 show the number of patients delivered and the continuing trend towards hospital confinement. Domiciliary midwives delivered 131 patients on hospital premises and undertook their home care after 24 hours. This scheme, which now applies to four hospitals in the County and to one in Oxfordshire, is much appreciated by the mothers.

The proportion of hospital confinements rose from 84.2% to 86.1% and, as a result of this pressure on hospital beds, the number of mothers discharged before the 10th day rose from 3,490 to 3,941. There was a corresponding fall in the number of home confinements, from 948 in 1969 to 837 in 1970.

The continuing high birth rate and these changing patterns of care call for a considerable degree of co-ordination between the domiciliary and hospital midwifery services.

Health visiting

Tables XVI and XVII on page 46 give details of visits and of clinic attendances.

The fall in the number of home visits reflects a greater selectivity as well as increasing pressure on the health visitor to attend a wide variety of clinic sessions. There has been a welcome recovery in the time given to visiting the elderly, a function which is shared with the

district nurse. The follow-up of patients discharged from hospital remains low but the closer links being forged with hospital colleagues may well affect this aspect of the health visitor's role in the future.

The main sessional changes relate to general practitioner clinics, family planning clinics and hearing sessions. This increased volume of work results from the policy of extending general practitioner attachment schemes and follows the completion of training courses in family planning and hearing assessment.

4. Educational activities

(a) Seven health visitors attended refresher courses, on the themes of " Aims not Alms for the Future ", " A Caring Community " and " Strengths and Stresses ". A group adviser attended a middle-management course and a health visiting officer attended one on first-line management. One health visitor attended a group adviser's course and three were trained in family planning techniques. Health visitors and midwives attended a four-day course to assist them in conducting classes in relaxation and parentcraft.

Health visitors attended a study day " Sex Education in Schools " and a seminar on " Health Education " arranged in conjunction with the Health Education Council and adjoining local authorities. Other seminars or conferences covered " Families at Risk ", " The Middle Aged Man ", Diabetes, Group Dynamics and " Education of the Deaf ".

Professor Sir Alexander and Lady Ewing again held two courses in the County to instruct 20 health visitors in hearing screening of children under five years of age. All health visitors are now trained in this technique.

Three district nurses attended a Practical Work Instructors' Course organised by the Queen's Institute of District Nursing at Knuston Hall and one male nurse attended a first-line management course. Topical themes at the Autumn study days included " The Care of the Mentally ill ", " Management Structure in the Local Authority Nursing Service ", " Research in the Community Health Field " and the problems of continuity of nursing care as instanced in Muriel Skeet's report " Home from Hospital ".

In-service training has included a scheme providing experience over the range of work undertaken at St. Crispin Hospital. Two district nurses are seconded at a time for a period of two weeks and the programme includes:

Psychiatric ward management.
Management of psychiatric patients.
Physical treatments.
Drugs and dosage of drugs in current use.
Attendance at clinical and nursing staff meetings.
Visits to the Department of Rehabilitation and to the Day Hospital.

This experience has been valuable for both community and hospital staff.

Nine midwives attended statutory refresher courses during the year. Another attended a course in " Advanced Midwifery and Clinical Teaching ", which also included first-line management training.

(b) *District nurse training school*

Two further courses were held. The National examination for District Nurse Training was taken by six students (including one from Bedfordshire) in January and by nine in May. All were successful and were awarded certificates.

(c) *Student training*

(i) STUDENT HEALTH VISITORS

Fieldwork experience was given to students sponsored by this authority and to two others.

(ii) PUPIL MIDWIVES

Domiciliary experience was provided for 15 pupil midwives from St. Mary's Hospital, Kettering, and 14 from Horton General Hospital, Banbury. Lectures on community health and social services were given by the Deputy County Medical Officer of Health and tutorials by senior nursing staff.

With the decreasing number of home confinements, it became evident that pupil midwives would no longer be able to conduct ten home deliveries. Permission has been sought therefore from the Central Midwives Board to implement a scheme of instruction in community care and to reduce the number of home deliveries from 10 to 6. The pupil midwife will be required to compile three complete case studies of patients she has delivered at home or in hospital, with a follow-up to the end of the neo-natal period of 28 days.

(iii) STUDENT NURSES

Student nurses from local hospitals spent one day observing work in the community followed, in each case, by a symposium with a panel drawn from the health and welfare community services.

(d) *Lectures/seminars*

Senior staff have participated in seminars for trainee general practitioners, Kings Fund hospital administrators, doctors taking their Diploma in Child Health and a " Teach-in " on the social services. A course of lectures was given by the Superintendent Health Visitor to residential child care staff. In addition, talks have been given on a wide range of health and related topics to groups in various parts of the county.

5. Co-operation with family doctors and the hospital service

(i) *Attachment to group general practices*

It is pleasing to report the establishment of further nursing teams attached to family doctors' practices. By the end of the year 90% of health visitors and 72% of midwives and home nurses were working in such schemes. In the rural areas, however, it remains difficult to achieve a higher rate of attachment.

To be fully effective in providing a comprehensive and cohesive service, attached teams need full supporting service and adequate staffing. Both the general practitioner and the senior nursing team members can then carry out the work for which they have trained. This calls for an increased overall nursing establishment.

(ii) *Hospital liaison*

This is referred to elsewhere in the work of the Department of Community Medicine at Kettering and nursing liaison has greatly benefited from these arrangements. Preliminary talks were held with hospital nursing officers on ways of improving liaison arrangements still further.

Health visitors are already attached to the chest, diabetic and venereal diseases clinics and, when possible, attend the geriatric case conferences at St. Mary's Hospital, Kettering. A new development has been the attendance from time to time of the Deputy Superintendent Nursing Officer at the geriatric conference at St. Edmund's Hospital, Northampton.

(iii) *Maternity accommodation*

The booking of beds for expectant mothers requiring hospital confinement on social grounds is carried out by the Health Department. During 1970, 2,415 such cases were dealt with on behalf of the Corby Maternity Unit, the Park Hospital, Wellingborough and the Barratt Maternity Home, Northampton. A further 148 cases were dealt with in conjunction with the County Borough Health Department for confinements at St. Edmund's G.P. Unit.

6. Reciprocal arrangements with other local health authorities

Visiting across county boundaries has continued without difficulties and reciprocal arrangements have been made with a fourth neighbouring authority.

7. Midwives—statutory notification

125 midwives notified their intention to practise during the year ended 31.1.71. Of these, 67 were employed by the Northamptonshire County Council, 54 by Hospital Management Committees and 4 by Leicestershire County Council.

8. Visitors

We were pleased to welcome a senior public health nurse from Denmark. Arrangements were made for her to observe the work of the health visiting and welfare services.

9. Research

A random sample of nursing staff were interviewed by a research team for the Q.I.D.N. survey: " The State Enrolled Nurse in the Community Nursing Services " and they will later complete a week's work record. The results of this study are to be made available to the Asa Briggs Committee on Nursing.

A survey was carried out by the National Birthday Trust Fund of all births which occurred during the week beginning 5th April 1970. Following the notification of each birth, the midwife was asked to complete a questionnaire, and a letter was sent to the mother explaining the aims of the enquiry and asking for her help. Forms were also completed by the hospital staff in respect of confinements occurring in hospitals. The survey was concerned with antenatal care and the previous history of the mother, the delivery and the care of the mother and child during the first seven days after the birth.

10. Houses

At 31 December, nineteen houses, one containing three flatlets, and three cottages, were owned by the County Council. Seven houses were rented by the County Council from District Councils and two from another source.

During the year, one house at Towcester was sold and the tenancy of another in Corby was terminated. Owing to the fact that more and more nursing staff employed by the County Council are married and have property of their own, it has become necessary to put into operation the procedure for the disposal of three properties in 1971.

11. Transport

(i) CARS

The number of cars in use at 31st December was:

(a) provided by the County Council 76
(b) privately owned 139
(Nursing staff 80; Health visiting staff 59)

The 76 cars provided by the County Council were distributed as follows:

52 district nurse/midwives
13 health visitors
3 occupational therapists
1 speech therapist
1 medical officer
1 mental health social worker
1 research student
4 reserve

(ii) VANS

In addition to the cars mentioned above, a Ford Escort van and a Ford Transit van are used to transport nursing equipment, furniture and welfare foods and also in connection with the Henley Industrial Unit, Kettering.

(iii) TOWING VEHICLES

A landrover is used for towing the mobile clinic and a small landrover which once belonged to Civil Defence is used as a spare towing vehicle as well as to supplement the two vans for carrying equipment etc.

STATISTICS

Home Nursing

TABLE X

Home visits 1961-1970

		At time of first visit			
Year	*Total cases*	*Aged over 65*	*Under 5*	*Total visits*	*% increase*
1961	7,537	3,452	500	143,552	
1962	7,041	3,581	384	142,750	
1963	6,940	3,638	403	139,589	
1964	6,547	3,168	390	141,952	
1965	6,422	3,512	330	138,748	
1966	7,089	3,864	458	143,955	3.8%
1967	7,580	4,171	355	159,395	10.7%
1968	8,846	5,206	494	166,798	4.6%
1969	8,140	5,263	459	171,380	2.7%
1970	9,433	5,288	513	187,490	9.4%

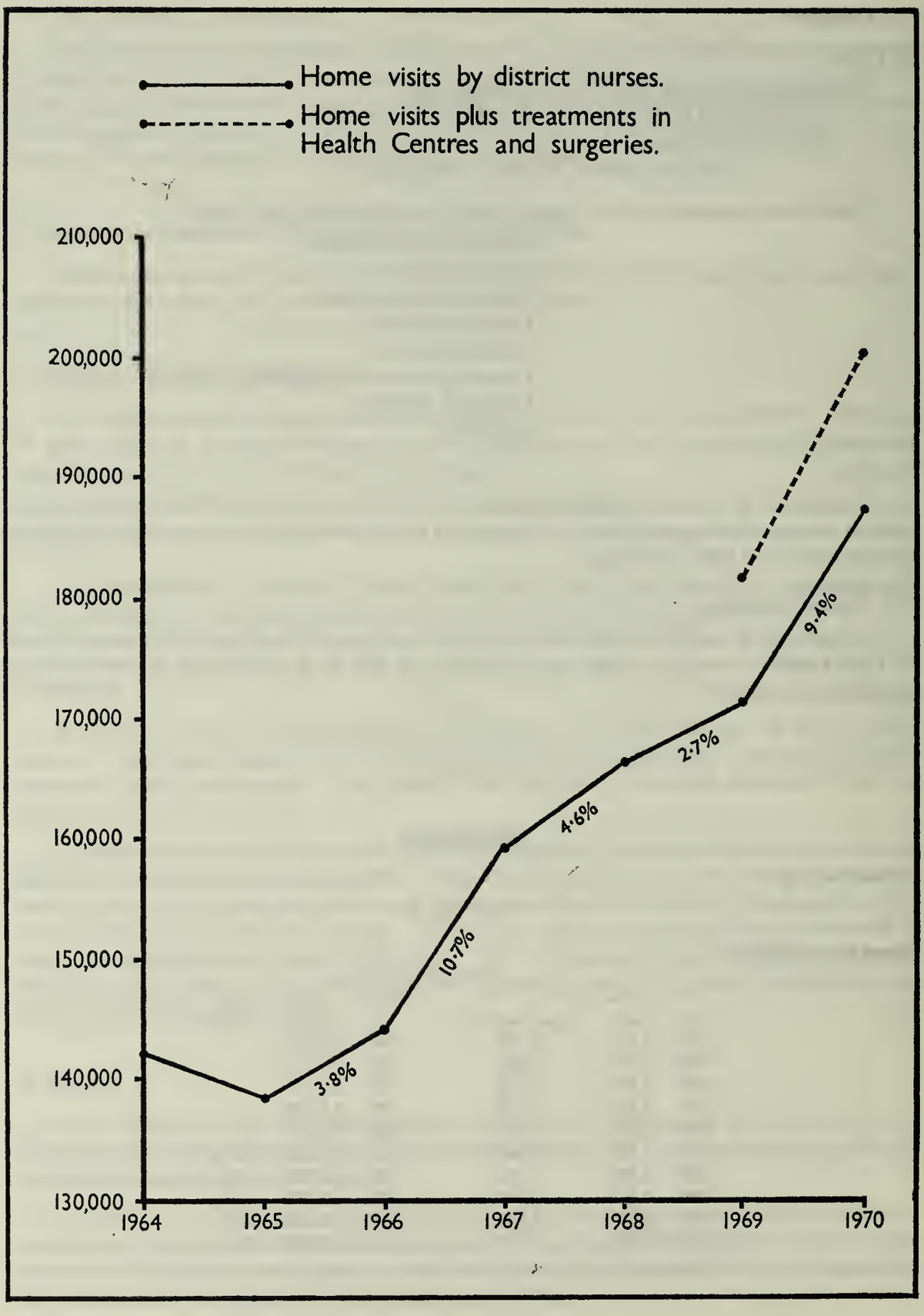

Home visits by district nurses.
Home visits plus treatments in Health Centres and surgeries.
210,000
200,000
190,000
180,000
170,000
160,000
150,000
140,000
130,000
1964
1965
1966
1967
1968
1969
1970
3·8%
10·7%
4·6%
2·7%
9·4%

TABLE XI

Patients seen at Health Centres and at Rushden Medical Centre

	1970	1969
Daventry Health Centre	8,138	7,423
Queensway Health Centre	2,471	2,737
Rushden Medical Centre	2,216	—
Various general practitioners' surgeries ...	not recorded	
	12,825	10,160

TABLE XII

Day surgery, Horton General Hospital, Banbury

	1970	1969
No. of patients	45	30
No. of visits to these patients	242	161

Domiciliary midwifery

TABLE XIII

Number of patients delivered by domiciliary midwives during the last ten years

Year	*Doctor not booked for attendance at delivery*		*Doctor booked for attendance at delivery*		*Total*
	Doctor present	*Doctor not present*	*Doctor present*	*Doctor not present*	
1961 ...	51	436	293	950	1,730
1962 ...	12	89	348	1,088	1,537
1963 ...	8	47	338	1,130	1,523
1964 ...	9	48	318	1,174	1,549
1965 ...	3	19	318	1,019	1,359
1966 ...	4	23	261	968	1,256
1967 ...	12	25	270	835	1,141
1968 ...	6	21	231	721	979 (155)
1969 ...	5	11	223	709	948 (157)
1970 ...	9	14	196	618	837 (131)

Note: Additional deliveries in hospital by domiciliary midwives are shown in parenthesis

TABLE XIV

Notification of births

The number of births notified, after adjustment for transferred notifications, was:

	Live births	*Stillbirths*	*Total*	
Domiciliary	833	4	837	(13.9%)
Hospital	5,121	69	5,190	(86.1%)*
Total	5,954	73	6,027	(100%)

*Includes 131 babies delivered by domiciliary midwives in hospital.

Increasing trend towards hospital confinement

TABLE XV

Year	*Domiciliary*	%	*Hospital*	%	*Total*	*Dom. midwife in hospital*	*Cases discharged before 10th day*
1964	1,554	26.5	4,299	73.5	5,853		1,874
1965	1,372	23.5	4,467	76.5	5,839		2,306
1966	1,258	22.0	4,427	78.0	5,685		2,432
1967	1,143	20.1	4,533	79.9	5,676	42	2,860
1968	973	16.0	5,097	84.0	6,070	155	3,519
1969	948	15.8	5,049	84.2	5,997	157	3,490
1970	837	13.9	5,190	86.1	6,027	131	3,941

Health Visiting

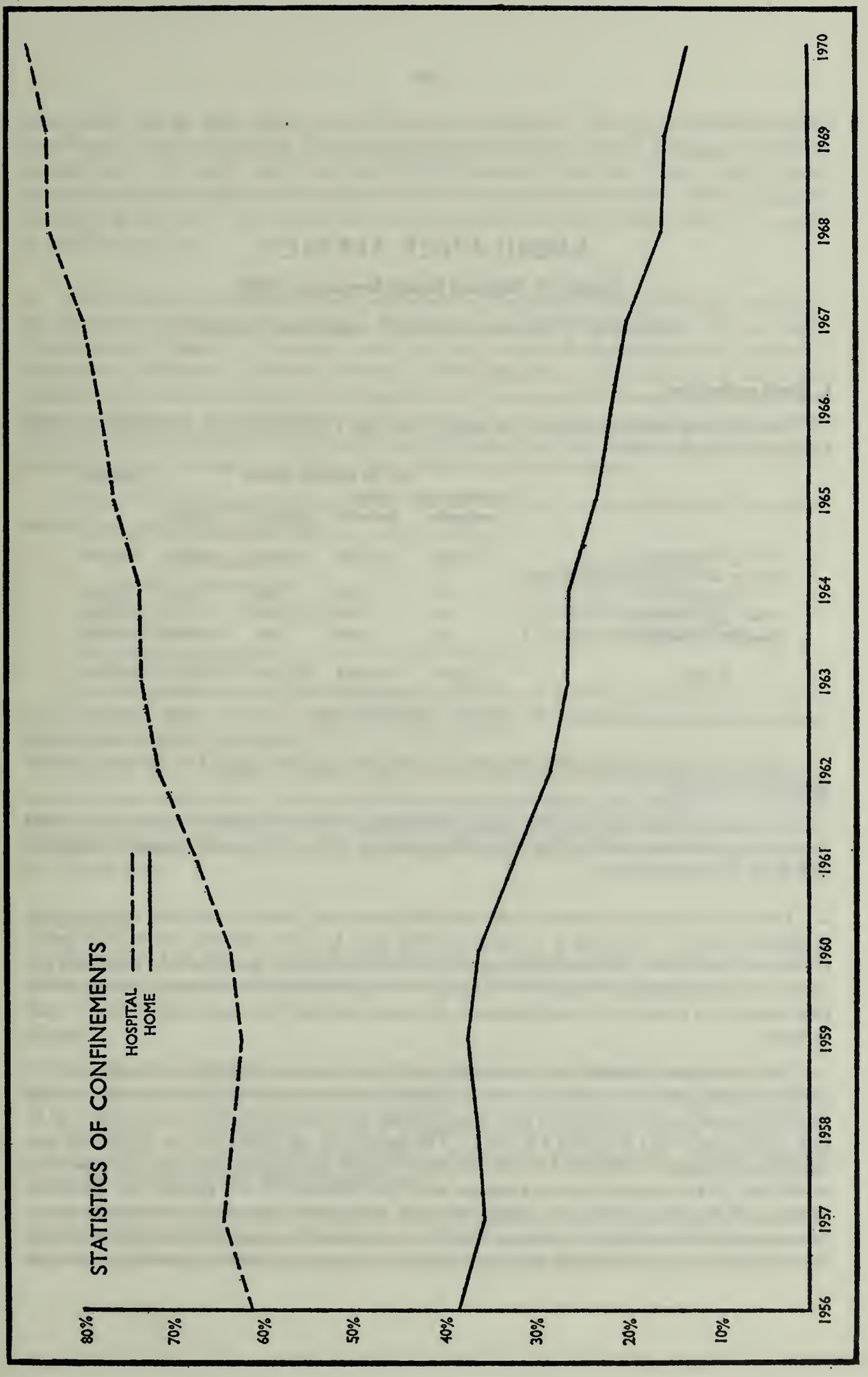
TABLE XVI

Details of home visits	**1970**	**1969**	**1968**
Children born in current year	27,438	28,289	33,193
Children born in previous four years ...	34,705	37,045	33,281
Tuberculosis	87	121	175
Mentally disordered	606	663	399
Persons aged 65 years and over	4,219	3,549	4,341
Persons discharged from general hospitals ...	84	70	103
Other	9,765	10,570	12,207
Total ...	76,904	80,307	83,699

TABLE XVII

Attendances at:*	**1970**	**1969**	**1968**
Child welfare centres	1,838	1,995	2,258
Mobile welfare clinic	445	405	451
Chest clinics	266	355	363
Immunisation clinics	114	94	71
Vision clinics	41	63	88
Family planning clinics	243	136	64
Enuresis clinics	7	24	24
Venereal disease clinics	89	82	49
Diabetic clinics	61	58	50
General practitioner clinics	6,156	3,605	936
Cytology	44	27	23
Hearing	588	282	75
Total ...	9,892	7,126	4,452
increase	39%	83%	

*Note: These attendances exclude duties in the School Health Service.


STATISTICS OF CONFINEMENTS
HOSPITAL
HOME
80%
70%
60%
50%
40%
30%
20%
10%
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970

AMBULANCE SERVICE

(Section 27, National Health Service Act, 1946)

MR. P. H. J. WILKINSON, COUNTY AMBULANCE OFFICER

1. Work undertaken

The following table summarises the work of the year and the graph (p. 51) shows the trend for the past twenty years.

	No. of patients carried				*Mileage*
	Accidents or emergency	*Out-patients*	*Others*	*Total*	
County Council service	11,498	141,793	14,859	168,150	988,360
Agency service equipped with radio-telephony	3	395	342	740	18,321
Other agency services	19	—	—	19	343
Hospital car service	1	1,646	275	1,922	52,245
Totals	11,521	143,834	15,476	170,831	1,059,269
Patients conveyed by train				506	38,395

The total number of patients increased by 707 over the 1969 figure but the total mileage decreased by 33,212.

Out-patients accounted for the same percentage of the total patients carried as in 1969 i.e. 84.2%. Accidents and emergencies accounted for 6.7% of the total patients compared with 6.3% the previous year.

2. Demands on the service have, for the first time since 1962, shown a relatively small increase in patients carried. Although it is hoped that the peak has been reached, this is improbable. It is a well established fact that annual staff increases are always inadequate to cope with the annual increase in demands, and thus a period of stability would be welcomed, during which time some effort to adjust the establishment of operational staff to a more realistic figure could be made.

The non-urgent demands on the service are by far the more difficult to organise and to provide an adequate yet economic service. The requirements demand a concentration of staff and vehicles between 8 a.m. and 6 p.m. from Monday to Friday, with three peak periods (8-10 a.m., 11.30 a.m.—2.30 p.m. and 4-6 p.m.). The reasons for the peaks are the daypatient and outpatient demands for patients to arrive between 9 and 10 a.m., the return home of outpatients at the end of the morning clinics together with the collection of out patients for afternoon clinics, and the return home of daypatients and outpatients at the end of the afternoon. Although many schemes have been considered in an attempt to spread the load, it has proved impracticable and uneconomical in a rural county to operate a number of vehicles over the

same route two or three times each morning and afternoon. Thus in this County, unless specifically requested otherwise, all patients are deemed to have either a morning or afternoon appointment. Day units are in the main staffed between 9 a.m. and 5 p.m., thus to arrive late in the morning means the day unit staff are underemployed and in the afternoon patients cannot be collected too early for the same reason, nor too late since this commits the day units to overtime working.

3. The Management Services Unit completed their report which reflected very favourably on the overall efficiency of the service. The report was accepted in principle by the Health Committee as a basis for discussion with the local branch of the staff's union towards a productivity agreement. These negotiations are still continuing and the majority of the recommendations in the report cannot be implemented until the productivity bargaining is completed. One very important recommendation which has been agreed was the inauguration of a central control for the whole County, thus relieving local station officers and sub-officers of their previous control functions and making them available for full operational duties.

The new control came into being from 1st October 1970 and the establishment of the previous control room was varied to provide:

New structure	*Previous structure*
1 Control Superintendent	3 Control Officers
1 Deputy Control Superintendent	4 Assistant Controllers
5 Control Officers	1 Female telephonist/clerk
3 Control Assistants	

The control officers work shifts throughout the 24-hour period each day and the control assistants work shifts between 7 a.m. and 11 p.m. daily. The Control Superintendent and his deputy work normal office hours.

All calls on the service, whether urgent or not, are routed through the central control, where the work is distributed to stations and vehicles by telephone or radio-telephony as required. These arrangements have resulted in a greater flexibility in the use of vehicles, and of course staff, than hitherto, when there was a tendency to commit all vehicles to non-urgent work in the various areas.

4. Motorways

Emergency calls from M.1 and M.45 totalled 143, an increase of 13 over the previous year, which is relatively small considering the volume of traffic using these motorways.

5. Staff

The establishment of ambulancemen at Corby, Daventry and Wellingborough was increased by one ambulanceman per station, which brings the establishment of operational staff to 86.

Twenty-five ambulancemen attended training courses organised by the Leicestershire County Council, 9 on the two-week Ambulance Aid Course and 16 on the Interim Training Course, all of whom passed their examinations.

In February Control Superintendent M. Tarry attended a two-week Ambulance Instructors, Course at Wrenbury, Cheshire, which he successfully completed. This qualified him for the Department of Health and Social Security Instructor's Certificate.

6. Establishment

Establishment and distribution of staff and vehicles at 31st December 1970 was:

(a) **Headquarters**

County Ambulance Officer
Deputy County Ambulance Officer
Control Superintendent
Deputy Control Superintendent
5 Control Officers
3 Control Assistants

(b) **Operational service**

STATION	VEHICLES	STAFF				
		Station Officer	*Deputy Station Officer*	*Shift Leader*	*Ambulance-men*	*Total*
Brackley ...	4	—	1	—	5	6
Corby	6	1	1	2	8	12
Daventry ...	5	1	1	2	6	10
Kettering ...	8	1	1	3	11	16
Northampton ...	5	1	1	3	8	13
Oundle	2	—	—	1	2	3
Rushden ...	4	—	1	1	5	7
Towcester ...	4	1	—	1	5	7
Wellingborough ...	6	1	—	3	8	12
Reserves ...	3					
	47	6	6	16	58	86

(c) **Agency service**

The sole agency service at Islip continues to provide one ambulance with part-time and voluntary staff. This service is, in the main, used for long distance journeys outside the County.

(d) **Supplementary service**

Four drivers of the Hospital Car Service of the W.R.V.S. continue to be used on a regular part-time basis on long distance journeys and others for single patients where it would be uneconomical to use an ambulance vehicle.

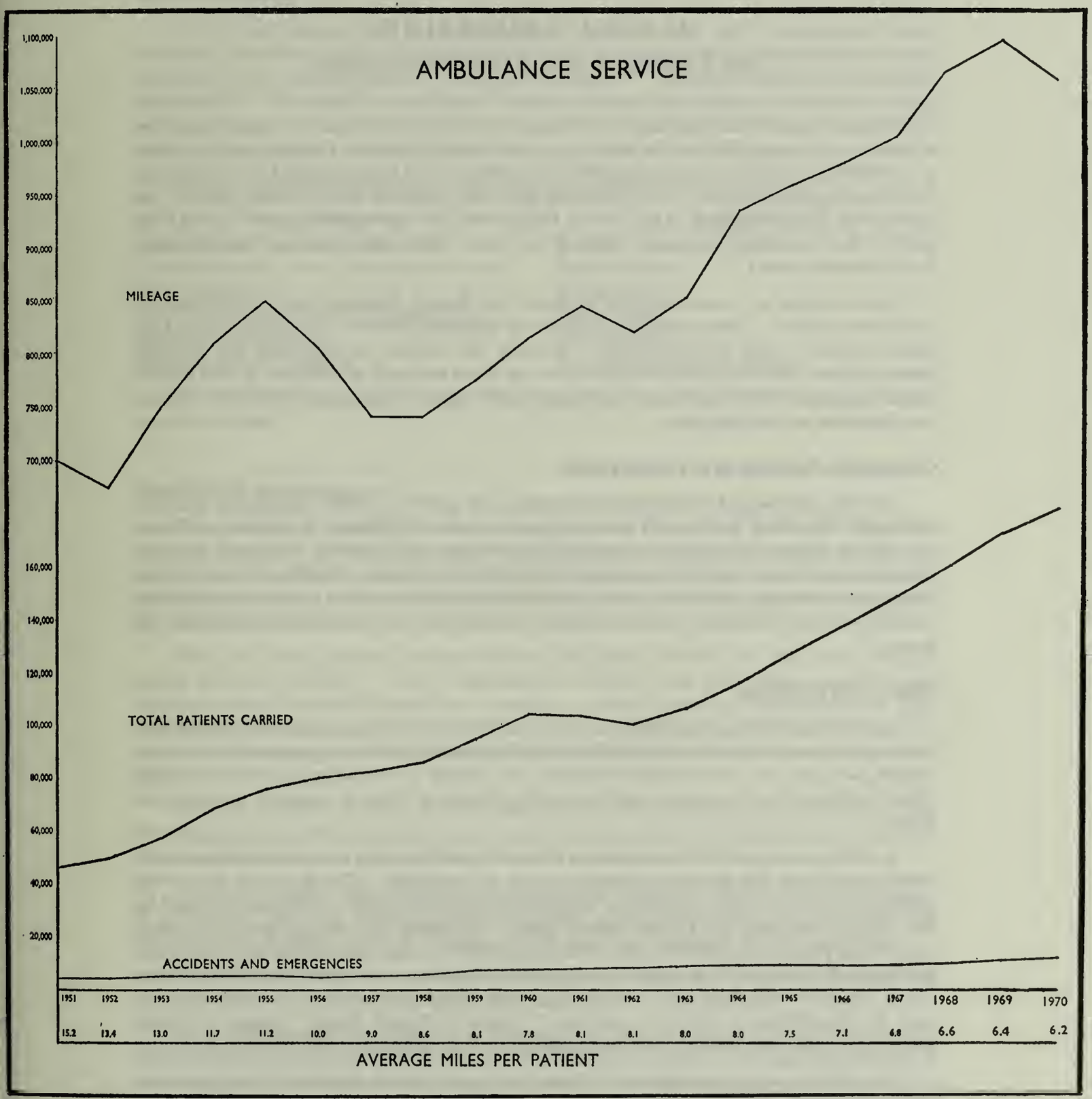
7. Stations

Work commenced on the erection of a new ambulance station at Towcester which was commissioned in January 1971.

A site for a new station at Oundle was purchased at Glapthorn Road Hospital from the Social Services Committee. The provision of a station here is long overdue since vehicles are garaged in two separate inadequate premises with no staff accommodation, thus the men are forced to work from their own homes.

8. Competitions

The County Competition was held at Moulton Secondary School on 16th May and was won by a team from the Rushden station, who unfortunately were unsuccessful later in the Regional Competition held at Stoke Mandeville on 27th June.


AMBULANCE SERVICE
1,100,000
1,050,000
1,000,000
950,000
900,000
850,000
800,000
750,000
700,000
MILEAGE
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
TOTAL PATIENTS CARRIED
ACCIDENTS AND EMERGENCIES
1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970
15.2 13.4 13.0 11.7 11.2 10.0 9.0 8.6 8.1 7.8 8.1 8.1 8.0 8.0 7.5 7.1 6.8 6.6 6.4 6.2
AVERAGE MILES PER PATIENT

HEALTH EDUCATION

Miss J. Wingfield, Health Education Organiser

Ten years ago health education in the County was administered from two small rooms, one of which served as an office for the newly-appointed Health Education Organiser and the other as a storeroom, workshop and clerk's office. By 1970 the staff had increased to five, including a shorthand-typist, and they were located in light, airy premises with a distant view of the countryside, on the top floor of the Health Department; the intermediate period having been spent at the top of the " old gaol " block of the County Hall, with a threat of being banished to the basement cells !

Since arriving in its new premises in March, the Health Education Section has received many more visitors. These visits are indicative of increasing interest in health education by a greater number of staff than previously. To foster this interest, an open week was arranged during October, when field staff were able to see the visual aids staff at work and to see a display of teaching aids available on loan and to discuss health education topics with the Health Education Organiser and her assistant.

Confederation Nationale de la Famille Rurale

In April, members of the Health Department took part in a course organised at Knuston Hall Adult Education Centre for a group of parents who are influential in various rural communities in France. A display of teaching aids directly and indirectly concerned with sex education and related subjects was provided and films were shown. The French visitors were able to meet teenagers, expectant parents, teachers and health educators, and a most interesting evening was spent discussing various methods of teaching personal relationships at different age levels.

Displays and exhibitions

An electrical safety project which included an exhibition in the health education caravan, produced in conjunction with the East Midlands Electricity Board, was presented in secondary schools, see page 115. The caravan exhibition was loaned to Northampton County Borough Fire Brigade on its open evenings and was a great attraction to many members of the general public.

A display concerned with the hazards of obesity in middle age was one of a series on nutrition which ranged from diet during pregnancy to caring for the elderly. The display on diet during pregnancy was also incorporated into a large exhibition on dental care, which was produced for the County Show and the British Timken show. The theme was the prevention of dental decay in the pre-school child and ranged from the health of the expectant mother and its relationship to tooth formation in the unborn child, to the establishment of regular dental inspections before the child's fifth birthday. The display, which included film shows, also emphasised the need for fluoridation of water. A ten-foot " Dragon of Dental Decay " helped to attract visitors, especially children who were encouraged to try out equipment in the mobile dental clinic.

In addition to the usual rotation of displays on current health topics at the various clinics and health centres, a special display on the advantages of health centres was created for the opening of the Burton Latimer Health Centre.

In-service training

In a joint venture with Buckinghamshire County Council and Northampton County Borough, senior members of staff attended a course at the Cripps Post-Graduate Medical Centre organised by the Health Education Council on the theme of " Health problems in an expanding community ". In-service training sessions always provide an opportunity for staff to exchange ideas on aspects of work of mutual interest and the inter-local authority course was of similar value.

Courses arranged for field staff within the county this year were as follows:

Subject	*Staff involved*
Rehabilitation and community care	District nurses and midwives
The Presentation of sex education in schools	Health visitors
Fire prevention	Home helps
Care of the chronic sick and rehabilitation	Home helps
First aid in the school	School teachers
Preparation for childbirth	Midwives and health visitors

Individual and group tuition on the use of various types of projectors has been given to new members of staff.

Teaching aids and equipment

The provision of teaching aids forms a major part of the work of the Health Education Section. They may be for various types of teaching, i.e. school lessons, antenatal classes, talks to voluntary organisations, lectures to Health Department staff and other local authority organisations, such as Colleges of Further Education, and to open meetings and exhibition for the general public.

Films are always popular amongst teachers and pupils and two new ones were purchased during the year—" Barnet " and " Breathing for others "—the latter being concerned with mouth-to-mouth artificial respiration—a subject on which talks and demonstrations have increasingly been requested. The film " Barnet " is an excellent film, both for use within the schools' " Growing-up " syllabus (see page 114), for youth groups and for classes of expectant parents.

Although coloured ciné film and still transparencies have partially replaced the use of the flannelgraph, a request from midwives for life-size flannelgraphs on the stages of labour was met by an original production by one of the visual aids assistants.

Two more carousel slide projectors were purchased, making a total of four in the County, in addition to film strip projectors already situated in the main centres of the County and additional sets of slides for use at antenatal classes have been allocated to the main clinics.

The Northamptonshire Home Safety Handbook was completely revised and reprinted and has been used to supplement talks given on various aspects of home safety.

Some popular leaflets previously available from the Health Education Council are now out of print and are not being replaced. The Health Education Section has frequently been asked for these by field staff so, in order to meet this demand, the section has produced its own leaflets on the subjects in question, amongst these being one on the dangers of obesity. This particular leaflet was used with a display aimed at the young adult which was presented in two areas in the

County and created considerable interest. It is planned to repeat the display in 1971, six months after the first one.

Obesity, with its resulting complications, is but one of the health problems associated with our more affluent style of living and the changing pattern of social behaviour. The dangers of cigarette smoking and the venereal diseases are further examples of such problems, which are of particular concern to all health educators.

The type of health education most likely to modify attitudes and behaviour about these diseases is best carried out by field staff at a personal level with individuals or groups, and it is important that close liaison exists between the health education team and field staff who come into face-to-face contact with members of the public.

SERVICES FOR THE MENTALLY ILL

Joint Social Work Scheme and Child Guidance Social Work

Miss C. Horrocks, Senior Mental Health Social Worker (Training)

This year has been the last complete one in which the administration of the Mental Health Service has rested with the Health Department. As from 1st January 1971, the new local authority Social Services Department comes into being and the social work services for the mentally ill are transferred to this department.

During the year the progress referred to in the last annual report, with regard to decentralisation, has continued. Two of the three area teams are now based within their own areas, at Kettering and Wellingborough respectively. This has led to productive contact and co-operation with other social and medical agencies in the areas; increased knowledge of area conditions and resources for the mental health social worker and most important, a more easily accessible locally based service for clients.

The shortage of trained social workers is still felt very much, and we have again been unable to recruit trained workers to fill our vacancies. The policy of seconding present staff for training continues and during the year, one member of staff returned having successfully completed the psychiatric social work course at Manchester University, and another started the course also at Manchester in October. It is hoped this policy will continue and that the appointment of training officer/senior P.S.W. in the child psychiatric services will enable appropriate pre and post professional in-service training to be provided.

The department has continued to help with the provision of supervised field work placement, and students have been accepted from the School of Social Work, Leicester University, and the Lanchester College, Coventry. In association with one of the consultants at St. Crispin Hospital the East Team social workers have been involved in a short placement for medical students from University College Hospital. This was considered by both students and social workers to be a very constructive experience, and it is hoped that it will be a yearly placement.

In July, the Redcliffe Day Hospital opened in Wellingborough, and this has meant that there is a day hospital in the area of each of the three clinical teams. There has been a predictable increase in requests for social work help from each of the day hospitals as each has developed its own working pattern in conjunction with the social work members of the team. The opportunity to become involved in work in a community based psychiatric setting, has been very much valued.

The integration of adult and child psychiatric social work services continues, and the social workers working with the Department of Family Psychiatry based at Kettering General Hospital, are members of the North and East Teams and carry some cases in the adult field.

In September 1970, Mr. Alan Ingram left the department to take up a post as Lecturer in Psychiatric Social Work at Manchester University. He had been appointed in July 1964 as the first Senior P.S.W. to the Joint Social Work Scheme, and had worked constantly to develop and improve the mental health social work services, and his contribution will be greatly missed.

The table below shows the number of new cases referred during the year with last year's figure in brackets.

Referred by	*Mentally ill, psychopathic*	*Subnormal and severely subnormal*	*Total*
(a) General practitioners	261 (154)	5 (4)	266 (158)
(b) Hospitals, on discharge from in-patient treatment	109 (101)	1 (3)	110 (104)
(c) Hospitals, after or during out-patient or day treatment	106 (78)	2 (9)	108 (87)
(d) Local education authorities	9 (5)	43 (10)	52 (15)
(e) Police and courts	11 (23)	1 (1)	12 (24)
(f) Other sources	221 (179)	41 (30)	262 (209)
Total	717 (540)	93 (57)	810 (597)

	1966	**1967**	**1968**	**1969**	**1970**	
Case load as at 31st December	219	217	274	320	732	(including subnormals)

SERVICES FOR THE SEVERELY MENTALLY SUBNORMAL

A REVIEW OF 21 YEARS OF PROGRESS

Mr. E. Towning, Senior Mental Health Social Worker

This is the last year that responsibility for the domiciliary mental health services remains within the Health Department. The changes being brought about by the Local Authority Social Services Act 1970, include the setting up of a Social Services Department. The social workers, adult training units and hostels for the adult mentally disordered are to become the responsibility of the Social Services Committee, and the junior training centre schools will be transferred to the Education Committee. The transfer of the junior schools means that all children, including the mentally handicapped, will have the same right to education according to ability, and this in turn should give the opportunity for further progression and development to other forms of education. The staff in junior training centre schools have long recognised that the needs of the children are for education and not just day-care, social training and occupation.

The transfer should give improved prospects and facilities for the training of teachers in these schools, and greater benefits also from closer co-operation with other teachers. This is not to say that progress in development in these schools and the training afforded in these schools has not advanced under the County Medical Officer of Health, for one must remember that the Health Department took on a duty in those early years when no provision whatsoever was being made for the training and care of severely handicapped children. Indeed, the common practice was to exclude a child from school as "ineducable", to be left at home as the total responsibility of the family.

As this is the final report before the transfer of training centre schools and as the facilities provided in this County are held in high esteem, it is appropriate that the record of the development should be outlined. The history of the development of training for the mentally handicapped has been one of gradual growth throughout the country and, as far as Northamptonshire is concerned, this has developed since 1948, when the Mental Health Section was first set up under the County Medical Officer of Health, arising from the National Health Service Act, 1946, when its first full-time mental health officer was appointed in November of that year.

The first training centre was opened on 1st March 1949 in a Church Hall at Kettering, with three pupils under 16 years, a supervisor and an assistant. By the end of that year there were 12 trainees in attendance, aged from 12-16 years, as well as five older trainees. Transport was by public service vehicles either with scholars' tickets or by reimbursement of fares to parents of the children, who were met and placed on the transport at central bus stops by the staff.

Initially although the financial resources allocated for the development of this form of training were limited, a bigger problem was caused by the parents themselves. They needed convincing that the training was going to be beneficial to their child, for many of them did not seem to think the effort of seeing them on to the bus to get them to school was worthwhile, and it was far easier for them to just leave them in the house, and so in the first few years progress was very slow. In the Ministry of Health figures for 1950, it was reported that there were 129 training centres in the country, with 4,009 trainees on the rolls.

By 1953, 15 children and eight adults were attending the training centre at Kettering, and there was a waiting list of 14. Five of the 15 came from the Wellingborough area, seven miles away and as nine on the waiting list lived in or near that town, a second centre was opened in Wellingborough in September 1953 in a Congregational Church Hall. This opening cleared the waiting list for children in these two areas and the mode of transport was once again by the public service vehicles, with the staff meeting the buses and escorting children to and from the centre. At this time, little was known of what was really required from the staff by way of training, and largely it was divided into two groups. The curriculum included rug-pegging, weaving, sewing, etc.; speech training; sense training; and musical interludes which incorporated dancing and a percussion band. At this time these centres were subject to visits by an Inspector from the Board of Control. The following is an extract taken from the report:

> " This centre has been open for two months and has barely had time to get established, but even so, the progress already made is praiseworthy. Seven of the children have previously attended the Kettering Centre, but the others have never before been to any form of school. Even in this short time, many children have benefited greatly from the contact with other children. Three of the children come from County Council homes and, of the rest, only three are resident in Wellingborough, the others coming from a wide area and travelling alone on public vehicles. The collection of the children from various bus stops calls for considerable organisation from the staff, but there is no doubt that allowing the children to travel alone increases their independence."

In 1954 there was a slight increase in the number attending each centre. Perhaps one of the most notable things recorded this year, was the atmosphere of friendly discipline and supervision they achieved in a community sense and social bearing. This in itself helped to resolve the trainees' behaviour difficulties at home, and it was also recorded that the health of the parents was greatly improved by being relieved of the constant anxiety in being able to share their daily care of the children with the school.

At this time the majority of the children attending the training centres were excluded from school under Section 57 of the Education Act 1944, as being incapable of receiving education at school.

As the work of the centres became more widely known, so there were increasing requests for the training of children in other areas of the County not yet provided for, and in 1956 two further centres were opened. A full-time centre was opened in the Corby Health Clinic in June of that year with fifteen children and two staff, the premises having been adapted to form a satisfactory training centre. This served the new developing town of Corby and a surrounding area of some 10 miles radius, and whilst most of the children came on public transport, it was necessary to use the ambulance service to transport some from the more remote areas. Another centre started in this year was in Northampton in the St. Giles' Church Building on a part-time basis on Mondays, Wednesdays and Fridays, and here again the children came by public transport and were met by the staff. So in 1957 four centres had been developed in the County with nearly 90 children in attendance.

It was at this time, with the growth in the numbers attending at Kettering, that we began to see that the policy of training adults with children was not altogether satisfactory and that it would be much more desirable to develop an adult unit at Kettering, which would serve not only Kettering but also the Wellingborough area.

With a group of older boys at the Kettering centre, it was found difficult to keep them fully occupied, and because of this, " out-work " was introduced to the training centres. The work

undertaken consisted of the assembling of plastic articles such as combs, a shopping-list device and spectacle frames. To undertake this work a separate group for adults was formed within the junior training centre, which solved the problem of keeping the group happy and contented. As this was found satisfactory at Kettering, later in the year it was introduced into the Wellingborough Centre for the adults who attended there.

1958 saw the opening of the first adult training unit at Kettering. This was in a hall adjoining the junior training centre and was for male trainees over 14 years of age. It opened with 10 trainees, eight from Kettering, one each from Corby and Wellingborough. From the very start, one observed a marked change in the trainees; for them it was work and not school anymore, and they developed from boys into young men. The main handicraft activity was woodwork, plus the out-work which had already been introduced. This also was the year in which another important development started—that of training the staff, and the first member was seconded to a course organised by the National Association of Mental Health which was the only organisation at that time capable of running a course for the training of staff in this type of work.

1959 was an outstanding year from the point of view of mental health, with the passing of the Mental Health Act. This Act dealt with a wide variety of matters concerning the mentally ill and mentally deficient. The two groups in future were no longer to be regarded as separate, but to be generally described as mentally disordered. In the Autumn of that year, arising from the Act, a report was presented to the County Council dealing with the development of the mental health services in Northamptonshire and was approved in principle. It was agreed that the existing occupation centres situated in hired premises had served their purpose in developing a service throughout the County, but the time had come to provide purpose-built training centres. In a County as elongated as Northamptonshire, it was not easy to decide on future policy—how these centres could best be situated to serve the community, and at the same time serve the most useful purpose in training the children and adults. If centres were developed in each town of the County they would only accommodate a small number in each, but travelling would not be so great a problem. If the development continued along existing lines, this would enable the better class structure to be formed, with a nursery group included, and for this reason it was decided that the four schools in existence at the time of the implementation of the Mental Health Act, 1959 should be developed. Consideration also had to be given to those children who had hitherto been unable to attend training centres because of transport difficulties. It was felt that their needs were no less pressing than those children attending special schools where transport was provided by the Education Committee. Accordingly it was decided that responsibility should be accepted for the provision of transport for all children capable of benefiting by attending a junior training centre. Whilst appreciating that this would be an expensive policy, the Health Committee recognised that it would be in the best interests of the children and the parents. During the ensuing year it was necessary to provide transport on 14 different routes so that each group of children could be collected from their homes and brought to the nearest training centre school by 9.30 a.m. Transport was provided by private contractors using mini-buses and cars.

In 1960 the Health Committee decided that as from the following year the next important matter was that attendance at training centres should become compulsory, as laid down in the Mental Health Act, 1959. Children unsuitable for education at school were thus put on the same basis as children with other handicaps, their attendance being compulsory at training centres between the ages of five and 16 years. This was a wise decision because from a mistaken sense of kindness, a few parents had always been opposed to allowing their severely subnormal

children to associate with similar children or to receive training, yet once parents had been persuaded to allow their children to attend a training centre they were soon convinced of the value of the training. The provisions of the Mental Health Act enabled the remaining minority of parents to be persuaded to allow their children to attend and it was hoped that in no case would it be necessary for legal action to be taken.

The total number on the register by the end of 1961 was 180 and at each junior training centre a third member of staff was appointed, thus permitting the division of children into infant, junior and senior classes and although accommodation at all these centres had become quite inadequate, yet again it was not possible to start on the purpose-built centres in this year. All the training centres were benefiting at this time as the supervisors had successfully gained the Diploma for the Teachers of the Mentally Handicapped, on secondment, and it was the policy of the Mental Health Sub-Committee that other members of staff should be seconded in future years.

The total number attending training centres continued to rise and in December 1962 this reached 202. The accommodation at the centres was quite inadequate and consequently members of the staff were hard-pressed to maintain high standards. It was all the more pleasing, therefore, that during this year work in all centres was considered to be very satisfactory. The most exciting development was the start on the construction of the County's first purpose-built training centre at Kettering. During the year progress was made also on the plans for training centres at Corby and Northampton. Some delay was unfortunately caused by a revision of the plans suggested by the Ministry of Health. Although these were based on plans already approved by the Ministry for Kettering, the new centres were to be of four class size and were to accommodate up to 60 children. The revised plans meant that extra land was required at all sites but by the end of 1962 this had been obtained. There was difficulty as well over the acquisition of the site at Wellingborough, which should have been built immediately after the Kettering Centre, and the delay already caused had meant that the Wellingborough Centre would not be completed until 1964/65.

In 1963 an extra 25 children began to attend, bringing the total number to 228. In this year also, the opening of the Henley Centre at Kettering, the first purpose-built centre for the mentally handicapped in this County, was an exciting event. The unit which included junior and adult training centres and a hostel for adult male subnormals, was named after the late Lord Henley who for many years was Chairman of the County Council and of its Health Committee. Permission to use his name was obtained from Lord Henley's widow who with other members of her family very graciously attended the official opening ceremony which was performed on 15th November by Lord Newton, Joint Parliamentary Secretary to the Ministry of Health. With the opening of the Henley Centre at Kettering, it was decided that in future all junior training centres should be given a name and should also be called schools; hence Kettering junior training centre was in future to be called the Henley School.

It took until 1964 to negotiate satisfactorily the purchase of the site at Wellingborough. In this year the new purpose-built junior training centres at Corby and Northampton, which were named Forest Gate School and Dallington Park School respectively, were opened in the Autumn. Each consisted of four classrooms with ancillary accommodation and they were designed as mirror images of each other. These schools were opened on 7th November, by Lord Balneil, M.P., Chairman of the National Association for Mental Health, and the excellence of the facilities provided was remarked upon by parents and visitors.

In 1965 it was satisfying to report that every severely subnormal child of school age in the County who was considered capable of benefiting from training was attending one of the four

schools for the mentally handicapped in the County, or at a centre in an adjoining County, if they lived in a fringe area. This happened on the County borders when it was advantageous, for example, because of distance, for a girl to attend the Rugby Training Centre School, and for those in Brackley and the surrounding district to attend the Banbury Training Centre School. There were 46 new admissions to schools during the year and all children except two were admitted on an informal basis. This had been a progressive policy of admission since such informality was encouraged by the Ministry of Education in 1960. In two cases when the official letter of exclusion from school was delivered, the parents agreed, after a visit to the training centre school, to let their children attend, and in neither case did they appeal to the Ministry of Education. It was interesting to note that, because of the modern purpose-built premises in the County, the changed attitude of parents when first told that their child would benefit from attending a training centre school, compared with that of previous years when the children were accommodated in rented premises with few facilities. There was no doubt either that there was a change in the attitude of the public generally with the realisation of the advantages this kind of training and the new buildings had to offer.

In 1966 there were no alterations in the schools, but all new entrants were admitted on an informal basis without the need to serve official letters of exclusion. The schools had taken over also an important function by serving as the focal points for parent/teacher meetings, thus enabling parents to meet and to benefit from the experience and support of others with similar problems.

The removal in October 1967 to the newly-built premises, from the rented chapel premises where the school had first started in 1953, was a long-awaited event in Wellingborough. The school and hostel were opened on the 3rd November by Mr. H. Howarth, J.P., M.P., and on the following day the premises were open to the parents and public. The building of these premises meant the completion of the original plan formulated in 1959. They should have been the first to be built, but because of great difficulties in the acquisition of the site, they had to be deferred year after year until 1967. Some of the difficulties were due to the fact that negotiations for the site had to be carried out with five different land owners, and it was not until the summer of 1965—some five and a half years after negotiations were started, that the full outline of the site was known. Shortly after the site was acquired, the Government's restrictions on buildings of this type came into operation, and this had the effect of delaying building still further.

In 1968, 233 children were attending the training centre schools, which was considered equivalent to the rate of 4.26 per thousand school population or 0.74 per thousand total population for 1967, compared to the national mean of 0.38 per thousand (Ministry of Health 1967). With the unexpected increase in pupils at Henley School, it was necessary to provide a new classroom, in order to reduce the numbers in each class, and this was built in 1968. The position was similar at Forest Gate School Corby where a new classroom had to be added because of the unexpected increase in numbers.

In 1969, a statement by the Prime Minister in the House of Commons that arrangements were being made for the schools for the mentally handicapped to be transferred from the Health Authorities to the Education Authorities at a date to be decided in the near future, was not unexpected.

Also in September of this year a newly opened temporary adult training centre got off to a smooth start in the Hall of the Church of Epiphany, by taking 13 Corby trainees who had previously attended the Henley Industrial Unit and 11 from Forest Gate School who had reached the age of 16 years. The need for opening this unit was due to the fact that the number of

trainees attending the Henley Unit, which had previously taken trainees from almost all parts of the County including Corby, had reached a total of 80, which was twenty more than the building should accommodate. The new unit accommodated trainees from Corby itself and from a 12-mile radius, and by the end of the year there were 26 in attendance. Seventeen of these were able to travel on public transport and the other nine shared the transport provided for the children of Forest Gate School. Although the unit was located in rented premises, it was possible to carry out a balanced programme of social and industrial training.

For the trainees in the South Northants area, an arrangement had been made with the County Borough of Northampton for adult trainees from the County to attend their Cliftonville Training Centre. In 1969, however, the County Borough Medical Officer of Health indicated that due to the increase in the numbers of trainees attending that centre, it would not be possible to admit any more from the County. Further, provision would need to be made elsewhere for some who were already attending at Cliftonville at that time, as the County Borough had a waiting list for vacancies. Twenty-two trainees from the County attended Cliftonville at that time and there was also a waiting list of 12 from the County. The Health Committee agreed to set up a unit in temporary premises forthwith, and were able to rent a hall at the Doddridge Memorial Church, St. James, Northampton, which opened in September 1969 with 23 trainees. This left only the Rushden/Wellingborough area without an adult unit. This area was catered for by the Henley Unit, but with 81 on the roll this unit had become overcrowded again, and the Health Committee agreed that a temporary adult training centre should be provided in Wellingborough. Provision was made in this year for some youth club premises, which had been vacated by the Education Department, to be taken over to be brought into use as an adult training unit by 1971.

There have been tremendous advances and changes brought about in training centre schools over recent years and the facilities available have been brought into line with those of modern junior schools. What started as simple day-minding has developed into a syllabus of social free play and educational training. The announcement of the transfer of responsibility for educating mentally handicapped children from the Health Committee to the Education Committee was welcomed by educationalists and parents' associations who had sought this change. There is no doubt, however, that the facilities which this authority has provided for the children and parents of the severely mentally handicapped in this County over the past few years—training centre schools, the counselling given by the consultants at the schools and clinics, liaison with paediatricians and the general practitioners, development of parent/teacher associations and societies for mental health, were facilitated by functioning under one department.

Attendance at junior training centre schools is clearly desirable for all subnormal children so that they benefit from an appropriate form of tuition. There is no doubt that having suitable schools adequately provided with equipment has made it much easier for parents to accept the decision to place their children in these schools. The support given to them in the early years when their anxiety and fears are great, helped them to avoid seeking the only other remedy, that of asking for long-term care in hospital. The transfer of responsibility will help, because the dividing line between ineducability and suitability for education at school is, after all, not a rigid one, and it is particularly desirable that those who fall into the former category by a narrow margin should be given every opportunity to develop their abilities. There has been interchange between schools, and this should be more marked when all schools come under the Education Committee.

This concludes the story of 21 years of development of the service for the severely mentally

handicapped. As a result of this, four fully equipped, purpose-built training centre schools, and a hostel for children have been handed over to the Education Authorities. They provide facilities for every severely mentally handicapped child in the County, varying in age from three to sixteen years, allowing them a place in a school especially built for their years.

Three adult units, one purpose-built and two in temporary premises, have been handed over to the Social Services Committee, together with plans for a further provisional temporary unit in Wellingborough and a purpose-built adult unit to replace the temporary premises at Corby.

The hostel at Kettering caters for male adults and a hostel for adult girls is to be started, also in Kettering in 1971. There is a working arrangement with Oxfordshire for all those concerned in the Brackley area to attend their junior school and adult unit at Banbury.

The main aims of the community mental health service for severely handicapped children to date have been to provide social support and educational facilities in the community at large for those who have been ascertained as severely subnormal. There were three main objectives; firstly that the needs of the mentally handicapped should not be met by permanent residential care in a segregated community such as the long-term hospitals. Secondly, to increase the well-being and emotional satisfaction of the families by helping them to maintain their subnormal children in their own homes. Thirdly, to provide this group of handicapped children, and even more so their families who have the job of looking after them, with the ability to call on some form of permanent support to help them meet social hazards which may arise. A successful service in this respect, therefore, will ensure that only a minority of such children for whom home care is quite impracticable, is admitted to hospital, and that the greater majority of those remaining in their own homes is given educational facilities. Northamptonshire has achieved this largely, but only with the active co-operation of the consultant psychiatrists, paediatricians and general practitioners, particularly in the latter 10 years.

It was unfortunate that by virtue of the National Health Service Act 1946, Northamptonshire found itself in 1948 without a hospital for the mentally subnormal within reasonable distance. The nearest hospitals for admitting patients from the Oxford Regional Hospital Board area were the Borocourt and Pewsey Hospitals, which were approximately 100 miles away. As the Bromham Hospital, which the Northamptonshire County Council had built in the 1930's on an equal basis with Bedfordshire County Council was not under the jurisdiction of Oxford Regional Hospital Board, patients could no longer be admitted there, so immediate representation was made to the Oxford Regional Hospital Board for a hospital to be built within this area.

With the coming of Dr. J. de Bastarrechea to Pewsey Hospital in 1962 the first arrangements ever were made for consultant clinical services to be readily available to the mentally handicapped and their parents in this County, and monthly clinics were started at Northampton, Wellingborough, Kettering and Corby whereby parents, for the first time, could get a consultant's opinion and counselling for the future development and welfare of their child. General practitioners also were able, for the first time, to refer patients and parents direct to a consultant for advice and counselling.

These services continued to develop; the local authority social workers provided the services to the consultants from the hospital and the work increased to the extent that a second consultant, Dr. D. N. Balsekar, began to hold clinics in this area. During this time the representations that had been made in the early years to the Oxford Regional Hospital Board came to a head with the planned development of a hospital in the grounds of St. Crispin Hospital—the Princess Marina. The foundation stone was laid by Her Royal Highness Princess Marina, Duchess of

Kent, on 28th May, 1968, and the hospital was to be built in two phases, eventually to house approximately 510 patients. The first patient was admitted to the hospital on 20th April, 1970.

Meanwhile, the outpatients clinic services were taken over by the Clinical Director of the new Princess Marina Hospital, Dr. H. G. Smyth. A further clinic was opened at Rushden, thus supplying a service to every part of the County. No longer is it necessary for a general practitioner to refer a case to the local authority for advice and consultation, as this can now be done directly to the clinic in the area.

Dallington Park School, Northampton—*Mrs. P. Redley, Head Teacher*

At the beginning of the year there were 53 children on the register. Of these nine were Northampton Borough children who had been accepted for training pending the opening of their own school, and they were transferred at the end of the Spring term to the new Greenfield School. Three children were transferred to the Doddridge Adult Training Centre on reaching the age of 16, one pupil was transferred to the Brookfield Special School and, with seven new admissions, there were 47 children on the register at the end of the year. Attendance throughout the year was fairly regular.

One member of staff was seconded on a training course for teachers of the mentally handicapped, and another member of staff returned from a two year course, having gained her Diploma.

With the number of other changes of staff, this has been a year of adjustment for the children. Most aspects of training have been fully taken up. During last term a good woodwork programme was implemented, and the boys enjoyed this, though cookery for all of them was the favourite period.

We have been fortunate in having the voluntary help throughout the Spring and Summer terms of two senior students from the Moulton Secondary School and, with their help, eight to 12 pupils have been able to attend weekly at the public baths. There have also been regular visits to the library.

The introduction of weekly dental treatments in the mobile clinic by Mr. Cox and his assistants, was readily accepted without problems.

Three students from the Nottingham College of Technology for the training of teachers for the mentally handicapped did their work placements with us.

The Parent Teacher Association continues to function satisfactorily, though this had its weaker moments when some of the most ardent supporters left on their children being transferred to Greenfield School. The year concluded with a very successful meeting on Saturday, 7th November 1970 when approximately 120 parents attended a meeting to discuss the changeover in the services from Health Committee to Education Committee.

Various festivals and visits, such as the pantomime and the summer outing were thoroughly enjoyed, and the year ended on a happy note with the children's party, carol festival and nativity play.

Fairlawn School, Wellingborough—*Miss B. V. Miller, Head Teacher*

The average daily attendance of children at the school during the year was 80. The number dealt with was 157. Of this number, 90 were day children, some attending full-time or part-time in the week. 62 of them were referred from the Hostel and five from the Colton Ward, Rushden

Hospital. It is interesting to note that of the children attending daily, 57 were in the age range three to eight years.

Two additional members of staff were appointed in September, which gave considerable help in enhancing the social training and smaller classes. Various social and educational outings were able to be organised, including a day at the sea and visits of interest in the local area by the older pupils. By arrangement with the Headmaster of the nearby educational special school, swimming lessons were included in the curriculum for the first time, and it is hoped that this will be developed and so increase the number of children taking part in this activity.

During the Autumn term, several children who had previously been conveyed by school transport, started to make their own way to school. This proved very successful, and helps to increase the children's degree of independence. Also during this term weekly visits by a speech therapist were started.

Three students from Nottingham Regional College of Technology did their teaching practise here.

In April, Mrs. K. Howarth, widow of the late Harry Howarth, J.P., M.P. made a presentation of climbing apparatus in memory of her husband. Some of the children gave a demonstration in the use of the apparatus.

The parents and teachers had an opportunity to meet on various occasions at the school. Parents gave every support to functions arranged for the benefit of the children.

Several donations and gifts were received from various organisations, including a self-propelling wheelchair and portable parallel bars.

Forest Gate School, Corby—*Mrs. K. C. Carr, Head Teacher*

The number of children attending full or part-time at the end of the year was 75.

There have been many changes in the school staff since January 1970, as Mrs. E. E. Cocker who had been Head Mistress for many years left to take over the position of Head Teacher at the Greenfield School in Northampton, and my term of office started after the Easter holiday. There were three other changes of staff, due to replacement of staff leaving. We were fortunate, because two of the new members of staff were already qualified as teachers of the mentally handicapped.

Another change that took place in the school was in the age range of trainees, for with the opening of Corby Adult Unit, it was possible to transfer six of the seniors, thereby enabling us to take in a similar number of younger children who had been on the waiting list. However, with the changes that have taken place, the school has been able to maintain a good level in developing each child as far as possible to their full potential physically, intellectually, emotionally and socially. During the year, three students from the Nottingham Regional College of Technology were allocated to the school for their teaching practise.

Events which are talked over long after they have happened are the school sports day, a visit to Wicksteed Park, which was thoroughly enjoyed in spite of the fact that the wettest day of the summer was chosen for it. We are indebted to the Ladies' Fellowship of Wadenhoe for inviting a party of our children to the village, gave them lunch, took them for a visit to a farm and then a trip on the river. The Christmas concert and party were voted a great success by the children, parents and staff alike. Perhaps the group which the children take the most

interest in is the swimming group, which flourishes with the help of several members of the Corby Police Force, and it is noteworthy to report that one boy gained his swimming certificate during the year.

Senior girls and boys from the Samuel Lloyd school were of valuable help in their practical assistance in the classroom and by furthering and helping our attempts with the children's integration into the community.

We have continuous support of parents and members of the National Society for Mentally Handicapped Children, who provide us with both financial and practical help.

Henley School, Kettering—*Miss H. E. Griffin, Head Teacher*

The number of staff was increased by two this year—one teacher, one nursery assistant, and the number of children attending at the end of the year was 69, though the total number of children through the school was 74. Two children left the district, two were transferred to the adult unit on reaching the age of 16 years and one child was admitted to Princess Marina Hospital.

The school is fortunate in having a regular group of voluntary helpers of all ages who attend weekly sessions, thus enabling the school to expand in various fields of activities and enabling places of interest in the locality to be visited, including the usual annual visit of staff and children to the Rockingham Road School for a concert and tea, and also to the nursery school, Kettering.

This was a successful year for the pupils for, apart from teaching the children to achieve their basic ends and skills and to be self reliant as far as possible and make themselves socially adapted, Henley School was successful in winning the shield at the Inter-School Sports, thus beating the Fairlawn School who had previously won it for five years in succession.

The interest of the parents through the Parent Teachers' Association and the Mentally Handicapped Society continue to show great interest in the school and its work, and twelve open days or functions were held during the year. The visitors were numerous, including Lord Aberdare, Minister of State for Social Services, the Mayor and Mayoress of Kettering, child care officers, nursing groups, members of an Administrative Course from the King Edward Hospital Fund, and three students from the Nottingham College of Technology on their Diploma Teaching Course did their placement training during the year.

Presentations of parallel bars from the Town's Women Guild and a toddler chair from the pupils of Rockingham Road School, were made to Henley School.

Corby Adult Training Centre—*Mr. R. G. Hicks, Supervisor*

The daily attendance at the Unit was fairly constant, and at the end of the year there were 36 on the register.

Eleven travel by school transport and the remaining 25 make their own way on public transport. The increase in numbers on the register was largely due to six trainees being transferred from Forest Gate School after having reached the age of 16 years.

It has been possible to increase the social training programme during the year, and swimming classes were included as part of the physical activities. Occupational therapy and contract work is the main occupation. Availability of contract work has improved over the last six months, though the majority of contracts come from outside Corby, mainly from Kettering, Finedon and

Northampton. Contract work that has been done during the year includes counting and threading elastic components, mica grading and sorting, assembling of golf spikes, stripping and assembling plastic toys. The maximum pocket money that can be earned by any trainee amounts to 70p per week. A midday meal is provided daily for the trainees from the Forest Gate School, by a container service.

On the annual outing this year, a visit was paid to Woburn Park Animal Kingdom, and the annual sports were held at Kettering along with the other training centres, and on both occasions formed an enjoyable outing. Without question the most successful visit made was the joint Christmas dinner and social held with all the other trainees throughout the County at the George Hotel, Kettering, followed by our own Christmas social to which the parents were invited for the latter part.

In September we welcomed the return of Mrs. J. White after having been successful in gaining the Diploma for Teachers of the Mentally Handicapped, and an additional member of staff, Mrs. A. Ferguson, was appointed because of the increase in numbers.

Doddridge Memorial Adult Training Centre, Northampton

Daily attendance of the trainees at the Centre has been very good throughout the year, and there has been a steady increase in numbers on the register; starting with 24 in January and ending with 31 in December. There were two transfers from Dallington Park School on their reaching the age of 16 years; a further four were accepted after leaving ESN schools; four were admitted who had not previously had the advantage of attending the unit since leaving school in former years, and it is with regret that we have to announce the death of two trainees, and one other who moved to Scotland.

The difficulties in developing the unit have been many and varied, but chiefly due to the fact that the premises are rented church buildings, and at times having to fit in with the activities of the church in the day time, and shortage of storage accommodation. Progress has also been marred by staff problems. With the increase in the number of trainees, a further Assistant Supervisor, Miss I. Stockill, was appointed in November.

One satisfactory feature during the year has been the ready co-operation of industry to supply outwork and interest in the trainees. A steady flow of work has been available throughout, and a variety of tasks have been undertaken ranging from valve base assembly for telephone and radar for an electrical firm; assembly of studs used in the soles of golf shoes; a wide range of work mostly in plastic material has been undertaken for a toy firm, and the packaging of materials for shoe mercery.

Social training is somewhat limited by virtue of the facilities available, though social visits are made in the locality visiting factory and public buildings. A visit was also made to London Airport for the day, and one of the outings most enjoyed by one and all was attending the Christmas dinner, when the trainees from the whole of the County met up at the George Hotel Kettering. Weather permitting, it has been possible to take groups to the nearby park for sports sessions in the lunch hour.

Due to the vast area this unit serves, the trainees come in from a wide area of South Northants with a perimeter from Yardley Hastings, Deanshanger, Towcester, Helmdon, Woodford Halse, Byfield, Daventry, Braunston, and Welford. It is necessary to provide mainly special transport as only one trainee is able to make her way on public transport.

Henley Industrial Training Unit, Kettering—*Mr. D. A. Beale, Supervisor*

The daily attendance throughout the year was very high and the number of trainees on the register at the end of the year was 81.

During 1970 there were nine new trainees admitted, and 11 left the unit for the following reasons: seven trainees went into industry, one was admitted to hospital, one ceased to attend and remained at home and unfortunately two trainees died. It was possible to increase the pocket money given to each trainee, and the maximum is now 70p per week.

The usual medical inspections under the Factories Act for all trainees under 18 years were held in the Spring and Autumn. In order to give training for open employment, it still remains the practice to secure work from local industries, and in this the unit has been quite successful, and a reasonable amount of work has been available throughout the year. The contract work consists of woodwork, printing literature, sorting, trimming, assembling and packing of plastics, mica grading and sorting, nurses' sterilised packs, peg making, gasket sorting and packing, fibre washer stamping and packing, asbestos roll packing and oil seal stamping. Socialisation and training for outside employment has continued throughout the year and encouragement given for trainees to participate in visits to such places as banks, shops, offices, post office, factories and the library, thus endeavouring to give them a wide and varying experience within the community.

Through the better weather, cricket or football is played by the trainees who are interested, and as an alternative in the break period there is dancing in the dining/recreation room. Cookery classes are held three times a week for both male and female trainees and are a popular feature of the social training, and from parents' comments these are very worthwhile. Social training sessions comprise of five to six trainees per group for 30 minute periods, and 30 of them receive further education. With the introduction of decimal currency, they have achieved great benefit from the instruction they have received in this.

The annual sports day was held in mid-July and the Corby and Northampton units both attended, thereby making a very enjoyable and successful afternoon. Short morning service is held each Wednesday and is conducted by the Minister of the Kettering Parish Church, for whose devoted interest we are deeply indebted.

Ninety per cent of the trainees are still using public transport, in some cases for up to 15 miles in each direction of travel, and these have managed well, even though in some cases it requires a change of bus.

In September, Mr. J. Thorley commenced the teacher training course at Bilston Technical College, Staffs. Mrs. M. Chree and Mr. R. Hunter left the unit and were succeeded by Mrs. A. Ferguson and Mrs. J. Sanders.

Members of the Health Committee visited quarterly, and visits from various organisations and committees were numerous including doctors, nurses, students, welfare officers, teachers, police cadets and senior school children.

Fairlawn Hostel, Wellingborough—*Miss B. Upton, Matron*

During the year 195 placements were made for varying periods of short-term care to children, some of them on more than one occasion.

With the opening of the Princess Marina Hospital, the type of children have slightly changed,

for the three to seven-year-old severely physically handicapped have been given a programmed care within the hospital. So this year many were admitted, whom we had not been able to previously consider, of a more active type.

We receive from the whole of the County, the parents being responsible for transport except in exceptional circumstances, and any child in residence who could benefit by attending the Fairlawn School, was admitted for the period of their stay.

Schoolgirls from one of the local schools continue to form a rota to occupy and play with children in the evenings and holidays, and this is indeed a great help to the staff.

A student from the Civic College, Ipswich did her work placement with us at the start of the summer holidays as part of her practical training, and this proved a great help to the hostel during a very busy period.

Henley Hostel, Kettering—*Mr. N. Laffan, Supervisor*

The fifteen places in the hostel have been full throughout the year. There were three discharges, one to long-term care at St. Crispin Hospital and two who had progressed sufficiently well by maintaining themselves in regular work and conducting themselves socially in the community. Board and lodgings were found for them in Kettering, and they were encouraged to keep in contact with the hostel by coming along in the evenings to join the other residents.

There were three admissions, one of them was from a psychiatric hospital and one from a subnormal hospital. During the holiday periods of the long-stay residents, it was possible to accommodate eight short-term placements. It was possible to place seven long-stay residents in regular employment, and their wages ranged from £6-£17 per week, out of which a charge for board and lodging was deducted according to earnings.

All residents are encouraged to keep up family contacts by spending the occasional weekend at home, although it is noticeable that the number of weekends spent at home grows less. Those who are not in employment attend daily at the Henley Adult Unit for industrial therapy.

It was possible for the seven in full employment to go on holiday unescorted, and it seems that holiday camps provide the type of accommodation that they enjoy.

Moray Lodge, Duston

During the year, the first Warden and Matron to be appointed to Moray Lodge, Mr. and Mrs. Orchiston, resigned and took a similar position in the West Riding of Yorkshire, and they were replaced by Mr. and Mrs. M. Lloyd in the December.

The hostel has proved useful in providing accommodation for patients who were a problem in their own home, and yet did not warrant admission to hospital, or if admitted subsequently needed a residence between hospital and home, and the hostel has been used successfully for mental illness and subnormality.

Referral agency	*Admitted*	*Not admitted*	*pending at 31/12/70*	*Total*
Psychiatrist	3	2	—	5
Mental health social worker ...	8	5	—	13
Geriatric physician	1	1	—	2
General practitioner	—	1	—	1
Other (including public health nurses, welfare dept., social workers and agencies outside county)	1	3	—	4
	13	12	—	25

Reasons for rejection

Patient refused offer of place	2
Patient considered more suitable for old people's home	2
Patient incontinent	1
Patient too ill or disabled	3
Other reasons	4
	12

Admissions due to

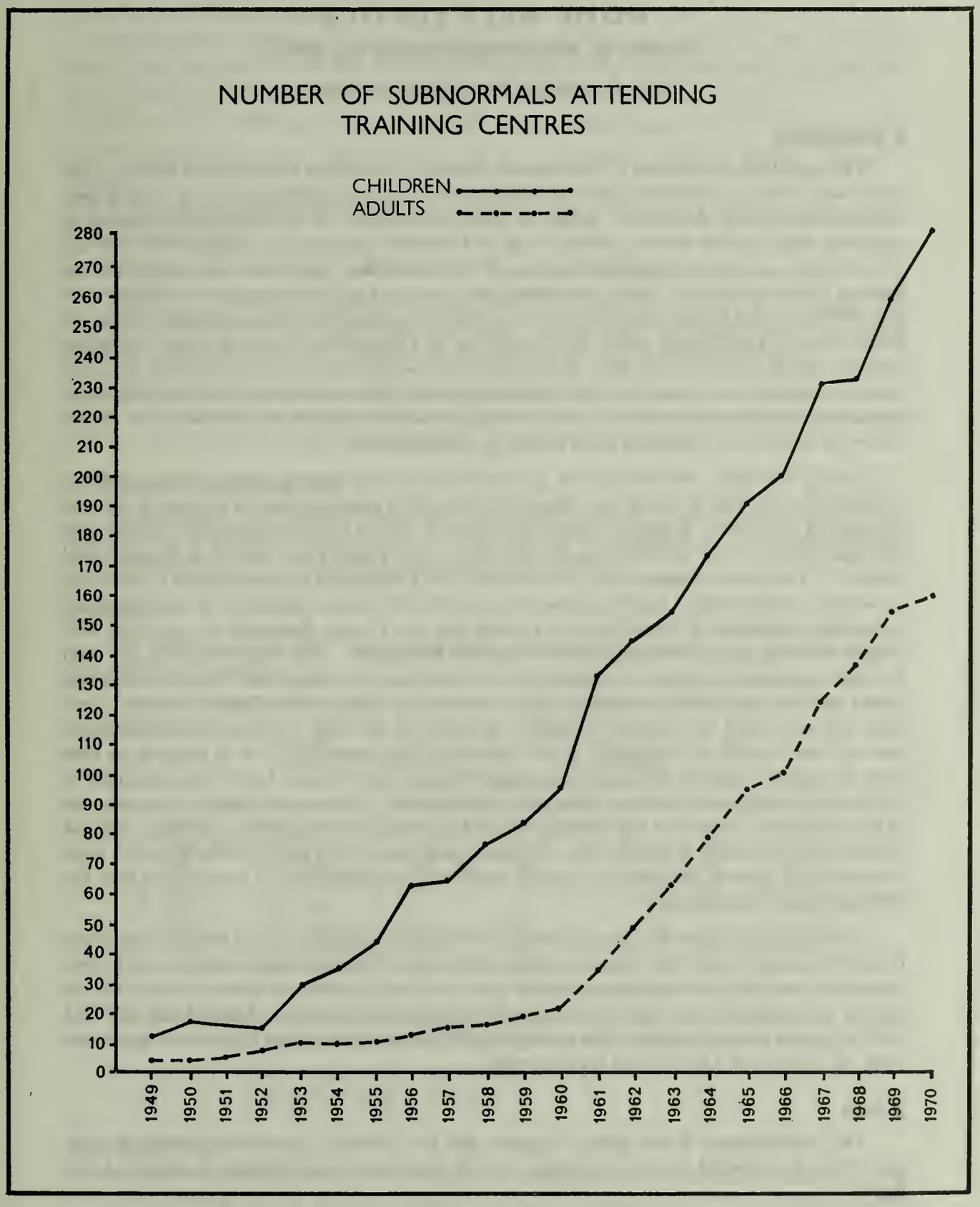
Vacancies at 31.12.69.	4
Patients died	3
Patients discharged to St. Crispin Hospital ...	4
Patients discharged themselves	1
Patients discharged home	1
	13

Numbers attending adult training centres

		Under 16	*Over* 16	*Total*
Adult Training Centre, Corby	Males	2	15	17
	Females	—	19	19
		2	34	36
Henley Industrial Unit, Kettering	Males	—	47	47
	Females	—	32	32
		—	79	79
Banbury Training Centre	Males	1	8	9
	Females	—	1	1
		1	9	10
Doddridge Memorial Adult Training Centre, Northampton	Males	—	10	10
	Females	—	18	18
		—	28	28
Cliftonville Adult Training Centre, Northampton	Males	—	4	4
	Females	—	1	1
		—	5	5
Rugby Training Centre	Females	—	1	1
Total under training		3	156	159

Numbers attending junior training centres

		Under 16	*Over* 16	*Total*
Dallington Park School, Northampton	Males	27	—	27
	Females	20	—	20
		47	—	47
Fairlawn School, Wellingborough	Males	53	—	53
	Females	31	—	31
		84	—	84
Forest Gate School, Corby	Males	46	1	47
	Females	28	1	29
		74	2	76
Henley School, Kettering	Males	36	—	36
	Females	33	—	33
		69	—	69
Banbury Junior Training School	Males	4	—	4
	Females	1	—	1
		5	—	5
Total under training		279	2	281


NUMBER OF SUBNORMALS ATTENDING
TRAINING CENTRES
CHILDREN
ADULTS
280
270
260
250
240
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
0
1949
1950
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970

HOME HELP SERVICE

(Section 29, National Health Service Act, 1946)

Miss E. Newell, Home Help Organiser

1. Introduction

The year 1970 reflects one of considerable change in the future direction and course of the home help service. From very early beginnings, when help was provided solely to assist expectant mothers during the lying-in period of home confinement, to its present day coverage of supplying help for the elderly, chronic sick and disabled persons, the responsibility for the effective discharge of this important section of the domiciliary care team has rested with the Medical Officer of Health. With the coming into force of the Local Authority Social Services Act, 1970 the home help service moves over, on the 1st January 1971, to a new place within the Social Services Department under the jurisdiction of a Director of Social Services. Working from its new department, the staff of the home help service will strive to maintain the same close co-operation and happy working relationship which has existed over the years with colleagues in the Health Department, both at central office level and in the field service. In the future, as in the past, allegiance must always be to the patient.

During the year, the findings of a Government Social Survey carried out in 1967 to " investigate the way in which the Home Help Service is operating and to attempt to form an estimate of the extent, if any, to which the service is failing to meet adequately the needs of the community ", were published under the title " The Home Help Service in England and Wales ". The survey estimates that on the basis of its findings the service needs to be increased to between two and three times its present size. It further draws attention to the differences in working conditions of home helps in London and the County Boroughs as compared with County Councils where working conditions are less favourable. The report refers to the need to enable organisers to supervise adequately the home helps for whom they are responsible and points out that the staffing situation allows for this less often in the County Councils' areas than in London and the County Boroughs. It indicates the wide variation in administrative methods and a lack of uniformity in the organisers' responsibilities. It is pleasing to note from the report, however, that the general impression of the service is favourable, especially of the personal relationship between home help and recipient. The survey, which is the only one of its kind to have examined the workings of the home help service, provides much material for thought and discussion at a time when the home help service will undoubtedly be called upon to meet much greater demands in a unified social services department. Let us hope that the findings will not go unheeded.

Throughout the year the service functioned smoothly, providing home help to households in need by reason of chronic sickness, old age short term illness and post operative conditions. Assistance was also provided for maternity cases and to help disabled persons cope with the heavier household duties. The steady increase continued in the number of cases being provided with help each year and during 1970 a total of 1,980 households received the services of a home help; an increase of 132 over the previous year.

2. Staff

The establishment of one county organiser and five assistant organisers remained in post, and although subjected to heavy pressures of work there was no unduly high incidence of sick leave.

3. (a) **Training of home helps**

The annual in-service training courses for home helps, first introduced in 1960, took place during March at Brackley, Corby, Daventry, Kettering, Northampton and Wellingborough and were attended by 204 home helps. The syllabus included the following subjects:

(i) Fire prevention—film and demonstration by officers of the County Fire Prevention Service;

(ii) The patients problems—talk by Dr. J. M. St. V. Dawkins, District Medical Officer of Health;

(iii) Aids for the disabled—talk and demonstration by Mrs. J. Sessford, Occupational Therapist, Health Department;

(iv) Simple nursing procedures—demonstration by a team of district nurses.

The aim in arranging training for home helps is to stimulate interest in the work they undertake, provide the knowledge and confidence to deal more adequately with the human problems and demands and to promote greater understanding of supportive services.

Training sessions are becoming increasingly popular and the general opinion of home helps, particularly those employed in the larger urban areas of the county, is that they would welcome more frequent courses of instruction.

(b) **Training of organising staff**

In September, two assistant organisers attended the annual weekend school arranged by the Institute of Home Help Organisers. The theme for the 1970 school, " Changing Patterns in Community Care ", proved both interesting and informative.

4. Statistics

The following table shows the categories of patients helped, and the increase in cases over the past eight years.

Years	*Elderly aged 65 & over*	*Under 65 years*				*Total*
		Chronic sick	*Maternity*	*Mental disorder*	*Others*	
1963	1,227 (84.7%)	118	38	3	64	1,450
1964	1,297 (85.9%)	56	56	7	93	1,509
1965	1,361 (86.2%)	132	32	7	47	1,579
1966	1,475 (88.3%)	123	18	6	48	1,670
1967	1,524 (88.1%)	126	20	6	53	1,729
1968	1,580 (88.9%)	120	22	9	47	1,778
1969	1,641 (88.8%)	112	20	8	67	1,848
1970	1,729 (89.4%)	115	24	11	101	1,980

The former analysis of expenditure per 1,000 population has been discontinued, but the following statistical information for the financial year ended 31st March 1970 is available:

Cost per case: Northamptonshire £58.70
National average £57.30

5. Decentralisation

My report for 1969 gave a full account of the recommendations for the decentralisation of the central clerical service unit put forward by a team of organisation and methods personnel

when they visited the Health Department in May 1969. The proposals submitted were accepted by the County Medical Officer and the transfer of work to area offices at Corby, Daventry, Kettering and Wellingborough commenced in August 1969 and covered a transitional period up to 31st December 1969. Initial difficulties were experienced but were gradually resolved during the early months of 1970, as staff became familiar with their duties and a recognised routine of work was established.

With practical experience gained during 1970 an appraisal of the recommendations can now be given. In view of the transfer to a social services department, where areas will be as autonomous as possible, the new arrangements have proved most timely. The provision of clerical assistance to deal with correspondence and the general flow of queries has been invaluable to home help organisers. An original assessment of eight hours clerical assistance proved to be inadequate and had to be increased in all areas. This was probably due to insufficient time being available to the O. & M. team to enable them to understand the many problems of a personal social service. The relief staffing of area offices has been undertaken from central office and a close liaison policy with area offices is essential. Finally this has been a valuable exercise in co-ordination, and staff have co-operated most conscientiously to ensure a success of operation " decentralisation ".

6. Field administration

There were no geographical changes during the year. Home help organisers arranged for 614 new cases to receive help, an increase of 33 over the figure for 1969. In addition they made 6,337 revisits to patients and a further 4,768 calls on other home help business including 545 investigations into the need for assistance, but which for various reasons proved abortive.

At the 31st December a total of 1,413 households was being provided with the services of a home help; an increase of 53 over 1969.

7. Home helps and patients

The number of home helps employed averaged 800 per week, all of whom were engaged on an " ad hoc " basis. Of those already employed a number took on additional cases during the year, thus reducing the need for new recruits. The supply position in the urban districts was more than adequate and in some areas home help organisers were able to compile waiting lists, but in the smaller villages some difficulty was experienced in finding home helps at times. Bus services to these areas are not often convenient or are even non-existent. The solution would appear to be in the employing of additional mobile home helps.

The work of the home help is to meet the basic human needs of people of all age groups, who by reason of their need qualify for assistance under the home help scheme. It is the number of old people being helped and the share of the service devoted to them, however, which has steadily increased year by year. Home helps accept very readily the challenge of helping the aged because they say " we may be glad of someone to help us one day ". Old people have to face so many problems including loneliness, bereavement and increasing feebleness and it is the ability of the home help to assist and encourage them that contributes so much to their well-being.

In this report, as in the past, the importance of flexibility cannot be stressed too highly for it is, of necessity, the keynote of a personal social service. Looking to the future the home help should perhaps be employed as a preventive measure, to avoid family crises, whilst at the same time maintaining care of the aged in their own homes. These two streams of need are the thought for the service of the future as it moves away from health department into the social services department.

INFECTIOUS DISEASES

1. Notifications

The diseases notified during the year are shown in tabular form on page 76.

Compared with 1969 there was a slight increase in the total number of notifications. There was, however, a large decrease in the number of cases of infective hepatitis which, as shown in the following table, was particularly marked in Corby. The only notable increase was in the incidence of food poisoning and whooping cough which rose to 78 and 86 respectively compared with 25 and 23 last year.

The number of cases of respiratory tuberculosis notified was approximately the same as in the preceding year.

	Infective Hepatitis	
	Corby Urban	*Administrative county*
1963	10	74
1964	11	32
1965	40	115
1966	12	42
1967	8	128
1968	87	192
1969	155	354
1970	17	108

2. Vaccination and immunisation

(a) Control of immunisation and vaccination by computer

During the year, four doctors practising in the County asked to be included in the computer scheme, and nine new general practitioners entering practices already participating in the scheme indicated that they wished to continue the arrangements.

Draft proposals are at present being prepared which will eventually result in the writing of new computer programmes for vaccination and immunisation, observation register and birth details: these will reflect alterations which have been shown to be necessary following the experience gained from operating the existing suite of programmes.

(b) Triple immunisation and poliomyelitis vaccination

5,573 children received a primary course of triple immunisation in 1970, compared with 5,085 in 1969 and 5,866 children received a primary course of poliomyelitis vaccination, compared with 5,403 in 1969.

Children totalling 1,567 were given a booster dose of triple antigen, and 2,892 received a booster dose of diphtheria/tetanus antigen (the pre-school booster) while 4,841 children had a booster dose of poliomyelitis vaccine.

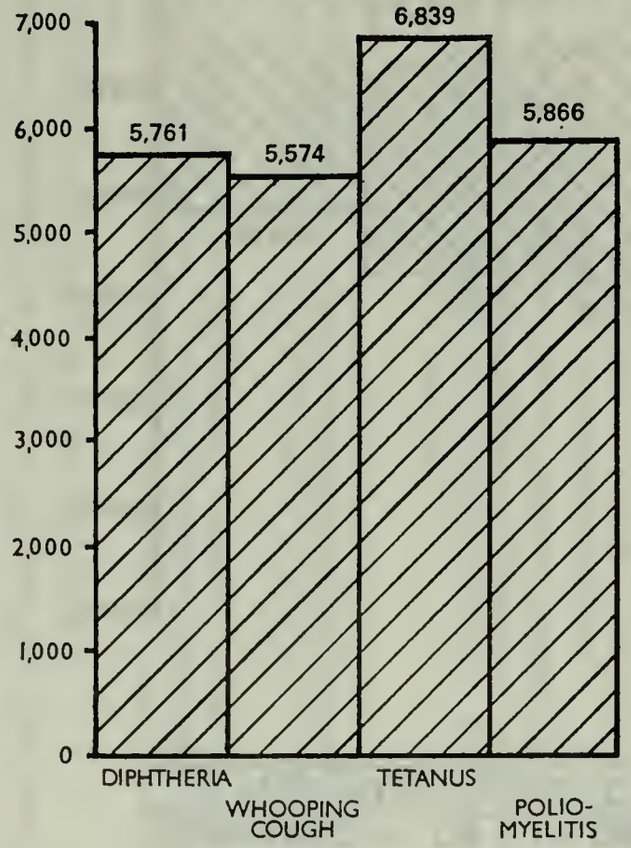
The histograms on page 77 show the number of inoculations against each of the diseases, completed during 1970, and the total of children, born since 1 January 1956, who by 31 December 1970 had completed a course of immunisation against diphtheria and poliomyelitis.

The children born in 1970 have been ignored for statistical purposes as the primary course under the revised schedule is not completed until the child is twelve months of age.

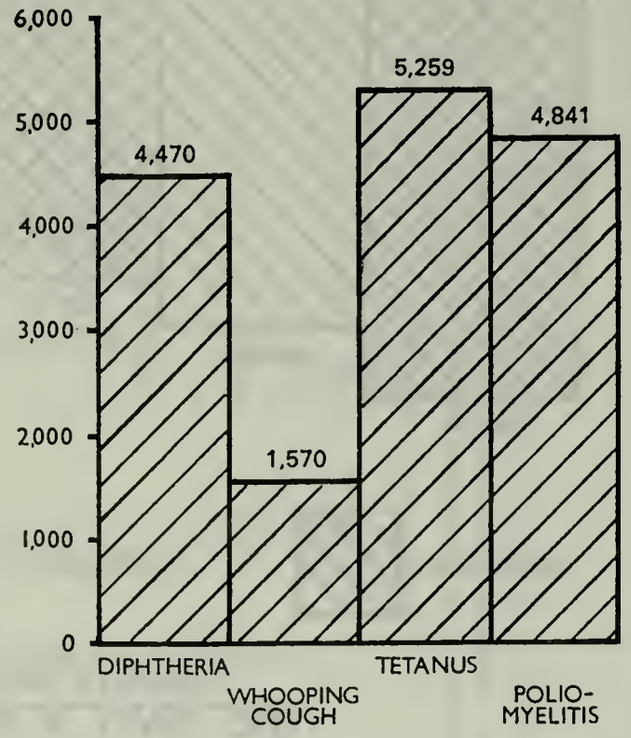
CASES OF INFECTIOUS DISEASES

DISEASES	URBAN DISTRICTS														RURAL DISTRICTS										Totals for Administrative County
	Brackley (Borough)	Daventry (Borough)	Higham Ferrers (Boro')	Kettering (Borough)	Burton Latimer	Corby	Desborough	Irthlingborough	Oundle	Raunds	Rothwell	Rushden	Wellingborough	Totals for Combined Urban Districts	Brackley	Brixworth	Daventry	Kettering	Northampton	Oundle and Thrapston	Towcester	Wellingborough	Totals for Combined Rural Districts	
Anthrax	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dysentery...	...	34	...	2	...	41	...	...	...	...	...	1	1	**79**	...	...	15	...	...	1	...	...	**16**	**95**	
Encephalitis: acute, infective ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	**1**	**1**	
Encephalitis: acute, post-infectious ...	...	...	...	1	...	...	...	...	...	...	...	...	...	**1**	...	...	...	...	...	...	...	...	...	**1**	
Food Poisoning	...	...	4	3	...	5	1	...	...	2	...	36	6	**57**	...	1	7	1	7	2	2	1	**21**	**78**	
Jaundice, infective ...	1	1	...	16	...	17	4	...	...	...	1	31	6	**77**	5	4	4	2	7	1	3	5	**31**	**108**	
Leptospirosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	**1**	**1**	
Measles	6	93	...	419	159	136	2	...	3	...	5	31	244	**1098**	21	65	94	32	286	81	88	74	**741**	**1839**	
Meningitis, acute ...	...	...	1	2	...	2	...	...	...	...	...	...	...	**5**	1	...	...	...	...	...	...	...	**1**	**6**	
Ophthalmia neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Paratyphoid fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Poliomyelitis acute, paralytic ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Poliomyelitis: acute, non-paralytic ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Relapsing fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Scarlet fever	2	3	...	24	1	2	1	...	...	...	5	...	1	**39**	11	3	2	2	6	1	4	5	**34**	**73**	
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Tetanus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	**1**	**1**	
Tuberculosis, respiratory	...	...	...	10	1	6	...	...	...	...	1	2	10	**30**	2	...	2	1	...	6	2	...	**13**	**43**	
Tuberculosis, meningeal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	**1**	**1**	
Tuberculosis, other ...	...	...	...	2	...	6	...	...	...	...	...	...	4	**12**	...	...	...	3	...	1	...	...	**4**	**16**	
Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Typhoid fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Whooping cough ...	...	2	...	4	...	20	...	...	...	...	...	...	13	**39**	14	2	...	1	19	...	7	5	**48**	**87**	
Yellow fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Totals	**9**	**133**	**5**	**483**	**161**	**235**	**8**	...	**3**	**2**	**12**	**101**	**285**	**1437**	**55**	**75**	**125**	**43**	**326**	**93**	**106**	**90**	**913**	**2350**	

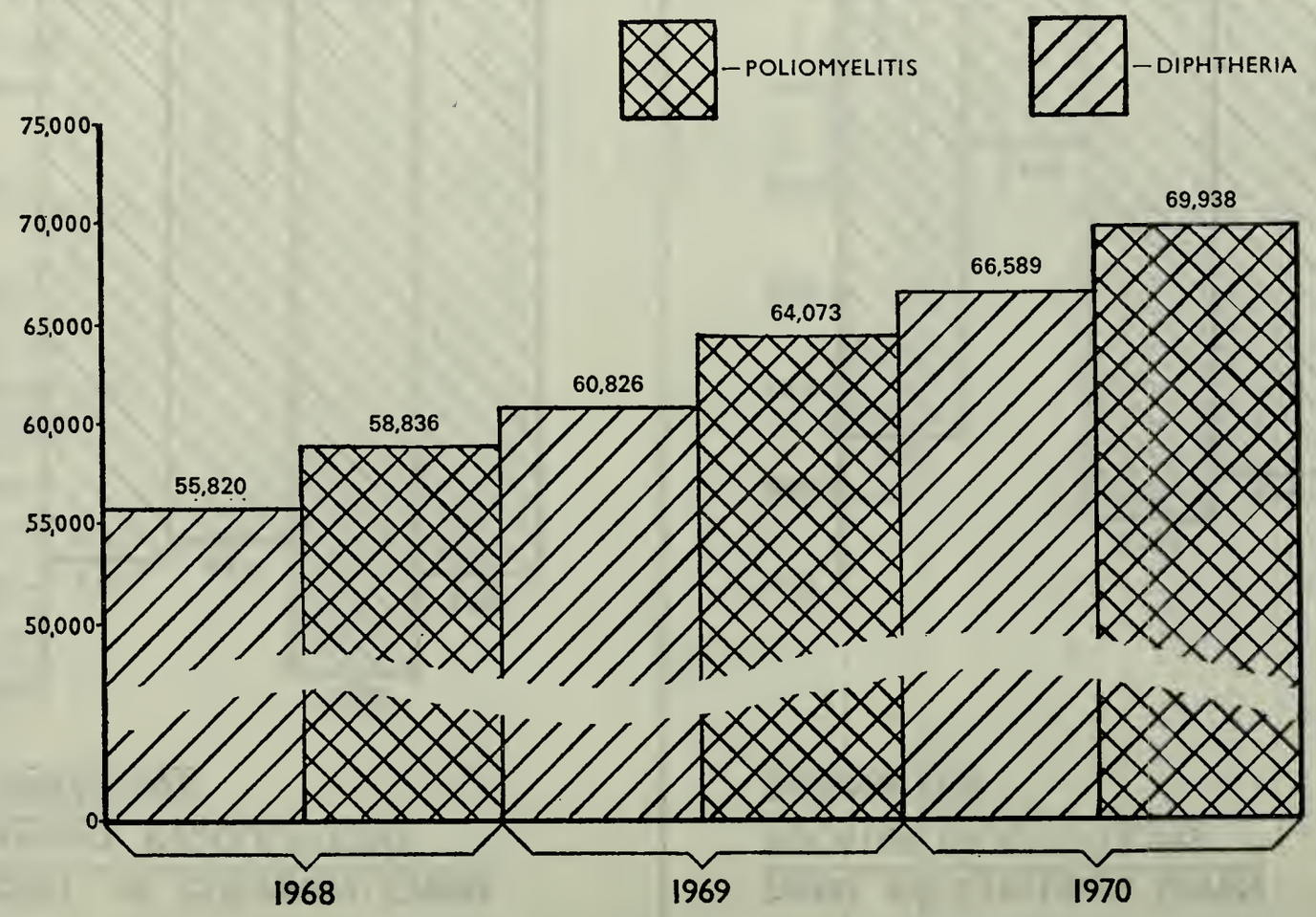
TOTAL OF CHILDREN GIVEN PRIMARY INOCULATIONS DURING 1970



TOTAL OF CHILDREN GIVEN BOOSTER INOCULATIONS DURING 1970



COMPARISON OF CHILDREN UNDER 16 YEARS OLD WHO HAD COMPLETED IMMUNISATION COURSES



There was an increase again in the number of children immunised against diphtheria and the percentage of children (aged 5 to 14 years) thus protected has increased from 79 in 1969 to 84.5 in 1970. The percentage of children of the same age group vaccinated against poliomyelitis has also increased from 86 in 1969 to 91.7 in 1970.

(c) Smallpox vaccination

5,250 children received vaccination against smallpox during the year and the first table shows by age groups the number of children vaccinated; whilst the percentage of children under the age of two years vaccinated by the end of each year since 1965, is shown in the second table.

	Primary	*Re-vaccination*
Under 2 years of age	3,664	—
2-4 years	489	60
5-15 years	447	590
Totals ...	4,600	650

Year	*Percentage*
1965	40
1966	45
1967	47
1968	39
1969	67
1970	62

(d) Anthrax vaccination

Sixty-seven doses of anthrax vaccine were issued to general practitioners during the year. The demand for this vaccine remains small, as expected, since only a very small percentage of the population is at risk by nature of the type of work performed by them.

In circular 17/70 received from the Department of Health and Social Security, it was stated that the Joint Committee on Vaccination and Immunisation now recommends that a course of anthrax vaccination should consist of four doses instead of three as heretofore. It is considered that the new schedule will give higher measure of protection.

(e) Measles vaccination

By mid-March 1970 sufficient supplies of measles vaccine were received from the Department of Health and Social Security to enable the re-commencement of measles appointments on computer.

4,000 children born during 1968 required appointments, in addition to those born in 1969 who were currently due for this inoculation. To cope with the accumulated demand and to avoid disruption of other routine procedures, computer appointments for measles vaccinations were regulated as follows:

(a) Children born in 1969 received appointments as they became due.

(b) Overdue appointments for children born in 1968, were programmed to spread evenly on the ensuing year.

By the end of 1970 of the 4,000 children overdue from the 1968 births, 3,015 had been vaccinated. Taking account of those children who in the meantime had already had the disease

or for whom the vaccination was contra-indicated this meant that a balance of about 700 children would receive their appointments in January and February, 1971.

As requested by the Department of Health and Social Security in their circular of December 1969, publicity was arranged with the aim of offering protection to all susceptible children up to age 15 years. General practitioners and ancillary staff were given full details of proposals to achieve a high level of vaccination.

Between January and June, 7,100 doses of measles were received of which 3,400 doses were issued and reports were received on 2,300 vaccinations performed. During August and September, the demand for vaccine increased sharply following the press and television announcement by the Chief Medical Officer to the Department of Health and Social Security that there had been a significant increase in the number of measles notifications nationally which was giving rise to concern. By the end of September, 5,594 children had been vaccinated since the reinstatement of this procedure in March. By 31 December, 8,383 vaccinations had been performed, the details are as follows:

Year of birth	*Number vaccinated in* 1970	*Number vaccinated in* 1969
1970	4	—
1969	3,411	2
1968	3,015	337
1967	715	638
1966	551	494
1965	333	423
Others under 16 years	354	579
	8,383	2,473

(f) Yellow fever vaccination

The clinic for yellow fever vaccination held on every Thursday morning this year catered for 602 persons requiring this procedure.

3. Tuberculosis

(a) Incidence and mortality

There were 60 new notifications of which 43 were respiratory tuberculosis and 17 non-respiratory. Five cases were transferred from other authorities.

The Registrar General reported seven deaths from tuberculosis (four respiratory and three non-respiratory), this being five less than in 1969. The mortality rate for the combined urban districts was 2.0 per 100,000 population and 2.1 per 100,000 population for the combined rural districts.

(b) B.C.G. vaccination of schoolchildren

This subject is dealt with on page 101 of this report.

(c) Extra nourishment grants

Grants of free milk were again made to six patients on recommendation of the chest physician.

(d) Long stay immigrants

During the year, the number of immigrants referred to this authority by port medical officers has decreased although the proportion of the number of visits whereby the health visitor has been able to contact the person concerned has increased. Once contacted, the health visitor can advise the person concerned on the health services in this County and suggests that the person registers with a local general practitioner. At the same time if the person has not had a recent chest X-ray the health visitor is able to make the necessary arrangements for this to be carried out.

The following table shows the number of successful visits in which contact has been made together with the numbers of immigrants notified to this authority.

Commonwealth	**1970**		**1969**	
	Notifications	*Visits*	*Notifications*	*Visits*
Caribbean	22	22	33	22
India	20	16	32	30
Pakistan	5	4	1	1
Other Asian	13	11	19	18
African	12	9	10	9
Other	8	7	2	3
Non-Commonwealth				
European	33	29	29	23
Other	8	7	6	5
Total	121	105	132	111
% of successful visits	86.8		84.1	

(e) Reports of the chest physicians

The following comments are based on the annual report on the chest service of the Kettering and District Hospital Management Committee area, prepared by Dr. O. E. Fisher, Consultant Chest Physician.

Area served

The Rushden chest service consists of Rushden Hospital and associated chest clinics under the administration of the Kettering and District Hospital Management Committee.

The headquarters of the department is at Rushden Hospital, and it serves the population of the north eastern half of the County. About 80% of the population is urban, the main industries being boot and shoe, leather and steel production.

The estimated mid-year population was 228,080. The largest towns are Kettering, Corby and Wellingborough, and the population of the latter two towns is increasing rapidly.

Staff

There are two whole-time consultants who are in charge of beds at Rushden Hospital and hold 6½ out-patient sessions and 4 mass radiography sessions weekly. There are no junior medical staff but two general practitioners do three clinical assistant sessions weekly at Rushden Hospital.

	No. of sessions weekly
Kettering General Hospital	1½
Rock Street, Wellingborough	1½
Nuffield Diagnostic Centre, Corby	2
Rushden Hospital	1
Rushden Hospital—Thoracic surgery	1 per month
B.C.G. clinic	1 per month

Clinic premises

The Rock Street premises will be evacuated during 1971 and the chest clinic will be transferred to Wellingborough Hospital, Doddington Road as an interim measure pending the provision of X-ray facilities in the new out-patient department at the Park Hospital. The Rock Street clinic has never been satisfactory as the premises are not attached to any hospital and have no permanent staff. Accordingly it will be a great improvement when the chest clinic can be housed in the new out-patient department at the Park Hospital.

Hospital beds

There are 48 chest beds at Rushden Hospital. There were 388 admissions in 1970, compared with 408 in 1969. Tuberculosis accounted for 48 admissions or 12% of the total, a big contrast with 16 years ago when over 80% of all admissions were for tuberculosis. Again male admissions preponderated—274 males and 114 females.

Tuberculosis notifications

Tuberculosis notifications were 47 in 1970 compared with 45 in 1969. Thirty-one of the notifications were respiratory cases, of which three were contacts.

To set against the 47 new cases added to the clinic register in 1970, 47 names were removed as recovered and the considerable decline in the prevalence of tuberculosis in the community is illustrated by the reduction in notified cases on the clinic register from 905 in 1958 to 228 last year; a decline of 75% in twelve years.

The one unsatisfactory feature of tuberculosis control in the area is the high incidence of infection in the Indian immigrant population. Twelve new cases of tuberculosis were notified amongst the Indian community. Most of the Indians live in Wellingborough, where there are about 600, and the majority have emigrated from rural areas in Bombay Province. The total number of Indians in the Kettering and District Hospital Management Committee area is probably between 700-800 and certainly does not exceed 1,000, and yet this small section accounted for one-quarter of the notifications in a population of over 200,000. In practically every case the infection was contracted in this country, and the chief causes of this high prevalence of tubercular disease are bad environmental conditions, such as overcrowded houses, and frequent movements of infected persons within this closed community, so that there are large numbers of contacts to each source case. Inadequate diet and a susceptible population are also probably important factors.

During the year the names of 11 patients were removed from the clinic register on account of death. Five of the deaths were unconnected with tuberculosis. Of the six deaths where tuberculosis was a significant cause three were in-patients over 70 years of age, one had severe chronic bronchitis and one died in diabetic coma. The sixth case died of acute liver failure and he had been taking Pyrazinamide 1.5 gramme daily for six months.

This is the second case of acute liver necrosis due probably to Pyrazinamide toxaemia we have had in the past two years, and we have now discontinued using this drug.

Bronchial carcinoma

Primary lung cancer was again the commonest cause of hospital admission, there being 95 new cases and 45 readmissions for terminal care or post-operative convalescence. The prognosis continues to be hopelessly bad, and only a small fraction are amenable to surgical resection. Prevention offers the only hope and since the publication of the recent report on smoking by

the Royal College of Physicians, smoking has been forbidden in the wards and day rooms at Rushden Hospital. This rule has been accepted with remarkably little opposition by the patients, and in fact has the approval of the vast majority.

There were also 24 admissions for other forms of cancer and, in all, malignant disease accounted for over 40% of all admissions. The continued rise in cancer admissions is reflected in the number of deaths in hospital which has risen from 63 in 1969 to 94 in 1970 of which 64 were due to cancer. The terminal care of this increasing load of cancer cases is a heavy and frequently depressing burden on the nursing staff, and great praise is due to them for the devoted and uncomplaining care they give to these unfortunate patients.

Mass radiography

Conventional mass radiography surveys ceased in 1964, and the service is now concerned chiefly with general practitioner referrals, but also carries out special group surveys, such as factory contacts and positive tuberculin reactors in school children. Two units were employed until November, 1969, when one unit was discontinued as an economy measure. The modified programme has been designed to cause minimum disturbance to the general practitioner service which yields the greatest number of significant abnormalities. In fact, although some of the smaller centres are no longer visited the number of general practitioner referrals has increased slightly, whilst group surveys have been cut back from 14,530 in 1969 to 7,623. The yield of serious disease, especially tuberculosis, in these special surveys is so meagre, however, that it is unlikely that any significant number of such cases has been missed.

The general practitioner service continues to play a vital role in the work of the chest clinics, and half the cases of respiratory tuberculosis and one third of the cases of bronchial carcinoma seen at chest clinics were referred via this service, which also picked up large numbers of other significant pulmonary and heart illnesses.

Mass Radiography Service

Survey	*Number X-rayed*	*Referred chest clinic*	*Active Pulmonary tuberculosis*	*Pulmonary tuberculosis rate per 1,000*	*Bronchial carcinoma*	*Out-standing*
Group surveys ...	7,623	19	—	—	1	1
General Practitioner referrals ...	7,637	188	15	1.96	38	21

Chest clinics statistics

1. *New cases seen*

Tuberculosis—Respiratory—sputum positive	26	
sputum negative	5	
		31
—Non-respiratory		15
—Notified		46

2. Notified cases of tuberculosis on clinic register at the end of the year ... 228

3. *Contacts*

Number first seen during year	252
Number subsequently notified	3
Number of B.C.G. Vaccinations	250

4. *Clinic attendances*

New cases—Consultants	1,070
New cases—Contacts	252
Re-attendances	2,024
X-rayed at clinic	156

5. *Non-tuberculous diseases in new cases attending chest clinics*

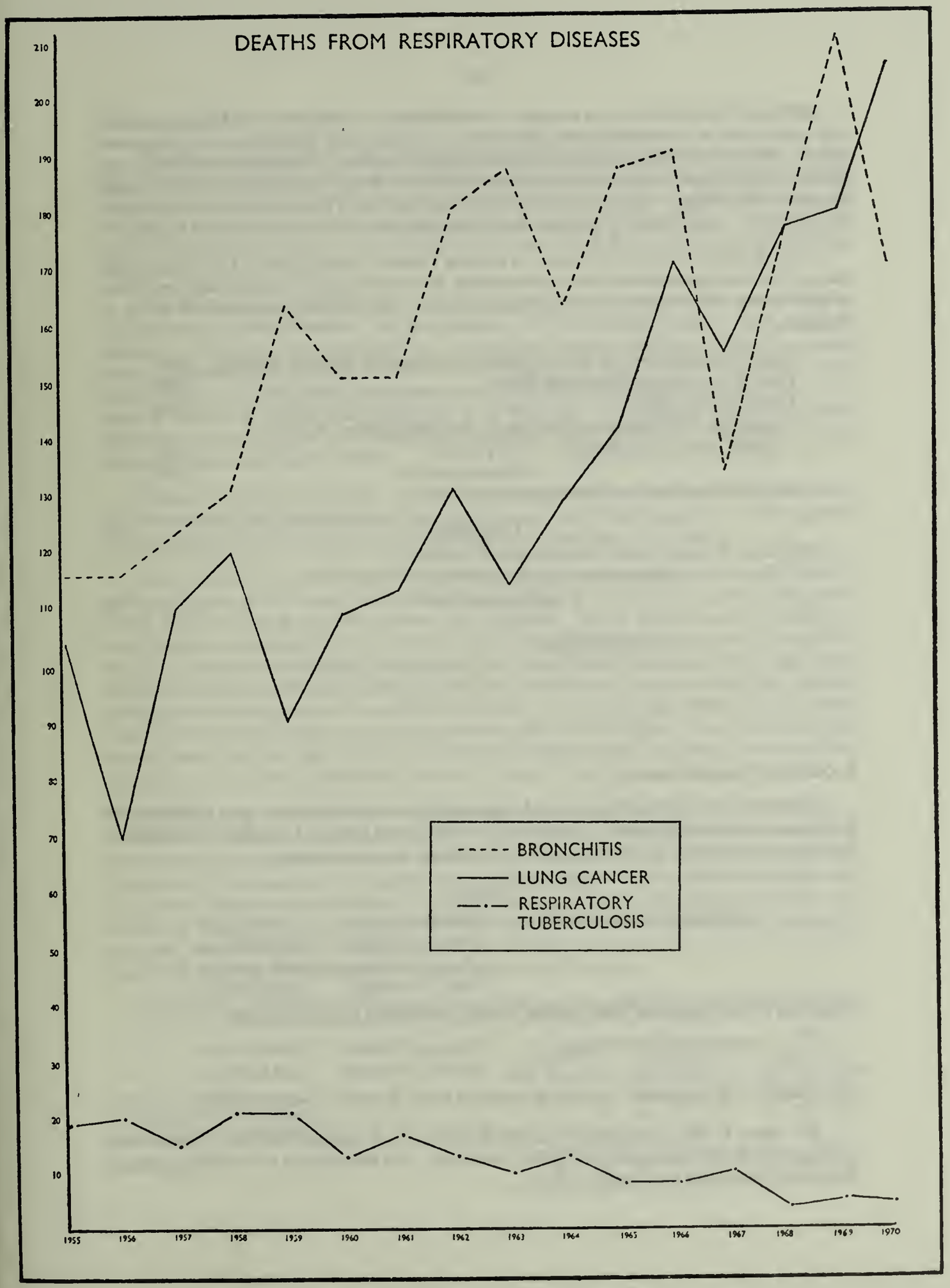
Bronchial carcinoma	112
Other primary malignant neoplasms	6
Secondary carcinoma	6
Simple tumours and cysts	0
Chronic bronchitis and emphysema including cor-pulmonale	190
Acute respiratory infections including pneumonia	136
Asthma	57
Spontaneous pneumothorax	6
Non-tuberculous effusions including empyema	4
Bronchiectasis	16
Sarcoidosis	7
Pneumoconiosis	4
Haemoptysis (unexplained)	4
Congenital heart disease	4
Acquired heart disease	44
Miscellaneous	59
No abnormalities discovered	282

RUSHDEN HOSPITAL (in-patients statistics)

1.	In hospital, 1st January	42
2.	Admissions	388
3.	Discharges (including deaths):	
	(a) Tuberculosis, respiratory	39
	non-respiratory	11
	total	50
	(b) Neoplasms	165
	(c) Acute infections	25
	(d) Chronic bronchitis	54
	(e) Cardio-respiratory failure and other heart and circulatory conditions	17
	(f) Asthma	29
	(g) Bronchiectasis	14
	(h) Sarcoidosis	4
	(i) Other conditions	30
	(j) Children—respiratory conditions including primary pulmonary tuberculosis	4
	(k) Thoracic surgery bronchoscopies	71
4.	Deaths	
	(a) Tuberculosis	5
	(b) Non-tuberculous	89
5.	In hospital, 31st December	29
6.	Beds available to chest department 31st December	48

The following notes are based on the report of Dr. P. C. Robertson, M.D., M.R.C.P., Consultant Physician.

The chest service for the south-western part of the County is based at the Northampton chest clinic for out-patients and at Creaton Hospital for in-patients. Patients from the most southerly area may also attend the Meecham Clinic, Wolverton which is run by Dr. W. Bermingham from Aylesbury. Owing to a lack of radiological facilities it has not been possible to run out-patient clinics at Danetre Hospital, Daventry and therefore, the patients have attended the Northampton clinic.


DEATHS FROM RESPIRATORY DISEASES
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
BRONCHITIS
LUNG CANCER
RESPIRATORY TUBERCULOSIS

Although there has been no decrease in attendances at chest clinics and X-ray sessions, only seven cases of tuberculosis were discovered. Of these, only three cases were pulmonary and the others were chiefly glandular infection in elderly patients. Tuberculosis is seldom seen now in young people because of the protective value of B.C.G. vaccination and the general scarcity of the disease. This favourable situation contrasts with that in the eastern part of the County where a more mobile population may be responsible for the introduction of infection.

After 26 years' service chiefly spent in running County Clinics, Dr. N. O'Leary has retired. During this long appointment she was responsible for the detection, treatment and prevention of tuberculosis in the County with gratifying success. She has been succeeded by Dr. G. C. Ferguson.

Total attendances for the area (including Northampton Borough patients)	8481
Total X-ray examinations (large films) ,, ,, ,,	3292
Total miniature films ,, ,, ,, ,,	3558
Proportion of Northamptonshire County patients included in above figures seen for consultation: Total patients	2731
Northamptonshire	761
B.C.G. vaccinations for Northamptonshire only	113

Tuberculosis

New cases in south-western area diagnosed in 1970:

Respiratory: Sputum-positive	3	
sputum-negative	—	
	——	3
Non-respiratory:		4
		—
		7
		—

4. Control of venereal disease

Clinics are held for the diagnosis and treatment of venereal disease at both Kettering and Northampton General Hospitals. A clinic is also held at the Memorial Hospital, Peterborough. The times and location of the clinics held in this county are shown below:

CLINICS

Northampton General Hospital	Female—Monday	5.15-6.30 p.m.
	Female—Friday	2.15-3.30 p.m.
	Male —Wednesday	2.00-3.00 p.m.
	Male —Friday	5.00-6.30 p.m.

Clinic held in Old Outpatient Block, Billing Road, Northampton General Hospital.

Kettering General Hospital	Female—Tuesday	4.30-5.30 p.m.
	Male —Tuesday	5.30-6.30 p.m.

Clinic held in New Outpatient Department, Rothwell Road, Kettering General Hospital.

The clinics at the Northampton General Hospital are all attended by health visitors with the exception of the male sessions on Friday afternoons. All the clinics at the Kettering General Hospital are attended by a health visitor.

CONTACT TRACING

The clinic doctor gives the majority of patients a slip to pass on to any known contact. The two health visitors and one male health visiting officer employed by this authority in contact tracing pursue this duty in addition to their normal case loads. The two health visitors are also engaged in diabetic patient after-care which affords them an alibi on occasions. However, due to the geographical structure of the County, a great amount of time can be spent on travelling whilst on contact tracing visits.

The clinic doctor at present interviews all patients both at Northampton General Hospital and Kettering General Hospital. At Northampton, the new official forms are used, whilst at Kettering a different practice is adopted. If a contact is resident outside the County a tracing form or confidential letter is sent directly to the doctor of the clinic nearest the patient's home address. When United States Servicemen are the contacts, then the contact form is sent to the Medical Officer of Health who despatches it to the base. Occasionally the United States authorities notify the name of a contact to the Medical Officer of Health, who in turn informs the appropriate clinic health visitor.

The health visitors report that very little helpful information is obtained from these forms, the descriptions being generally very poor and the end result often negative. It was reported that several patients had attended the local clinics far from their own homes.

When a contact or patient defaults from the clinic then the appropriate health visitor is informed by the clinic doctor. Any information relating to the patient is given to the health visitor who will then endeavour to trace the individual. Often the information available is very inadequate and much time and energy can be employed tracing the person. Many visits have to be made in the evenings, although none of the staff had occasion to visit public houses in search of contacts. Female health visitors often visited homes unaccompanied, but the staff always inform someone of which area they are visiting. If it proves impossible to trace a contact from the information supplied, the case is referred back to the clinic. If no further progress can be made, then the case is closed. Within the County a high proportion of contacts and defaulters are traced and persuaded to attend or return to the clinic.

The Kettering and Northampton clinics compare relevant information to see if contacts of one clinic are patients at alternative clinics. Many patients in this area travel to the cities, e.g. London, Birmingham etc.; and are generally very vague in their contacts and meeting places. It is believed that some general practitioners are still treating in their surgeries cases of sexually transmitted diseases where no attempt is made at tracing contacts, although the consultant has written to the general practitioners in the Kettering area concerning this point. During the past year, the clinics, both at Kettering and Northampton were staffed by the same specialist. It was felt that this greatly improved liaison, and contact tracing.

The number of County patients attending for the first time during the last three years was:

	Syphilis			*Gonorrhoea*			*Other conditions*		
	1968	1969	1970	1968	1969	1970	1968	1969	1970
Kettering General Hospital	3	1	—	36	45	34	22	64	107
Northampton General Hospital	5	5	3	30	27	16	85	137	115
Peterborough Memorial Hospital	—	—	2	—	1	2	3	6	1
	8	6	5	66	73	52	110	207	223

Although the figures are too small to draw any valid conclusions in relation to the trend in the incidence of venereal disease, it is gratifying to note that there has been a decrease in attendance for the more serious venereal conditions within an overall increase in attendance. This is particularly encouraging in view of the considerable increase in incidence of gonorrhoea nationally during this period.

ENVIRONMENTAL HYGIENE

1. Water supply and sewage disposal

(a) Approval in principle

The following schemes were submitted to the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1951 and were approved in principle:

Authority	*Scheme*	*Estimated cost*
Brackley R.D.C. ...	Main drainage of Crowfield	£11,000
	Main drainage of Halse	£31,000
Brixworth R.D.C. ...	Coton and Teeton sewerage and sewage disposal	£37,650
Bucks. Water Board ...	Extension of water main, Paulerspury	£1,087
Daventry R.D.C. ...	Whilton sewerage	£34,150
Mid-Northamptonshire Water Board ...	Water mains extension from West Haddon towards Long Buckby	£3,325
Oundle and Thrapston ...	Apethorpe and Woodnewton sewerage and sewage disposal ...	£93,250
	Glapthorn sewerage and sewage disposal	£57,750
Wellingborough R.D.C. ...	Earls Barton and Mears Ashby sewerage	£270,000

(b) Contributions made

The County Council agreed to make the following contribution in accordance with the approved scale.

Authority	*Scheme*	*Estimated cost*	*Ministry of Housing and Local Government grant*	*County Council's contribution (capital sum)*
Brixworth R.D.C.	Arthingworth and Kelmarsh sewerage and sewage disposal	£77,800	Half-yearly payments of £909 for 30 years	£16,850
Mid-Northamptonshire Water Board	Water mains extension from West Haddon towards Long Buckby	£3,700	£504	£504
Towcester R.D.C.	Wappenham regional sewerage and sewage disposal	£257,800	Half-yearly payments of £2,990 for 30 years	£61,700
Wellingborough R.D.C.	Sewerage of Furnace Lane, Little Harrowden	£4,311	£1,031	£1,031

(c) Revised contribution

The County Council revised its contributions in the light of revisions made by the Ministry of Housing and Local Government, as follows:

Authority	*Scheme*	*Estimated cost*		*Ministry of Housing and Local Government grant*		*County Council's contribution (capital sum)*	
		Original	*Revised*	*Original*	*Revised*	*Original*	*Revised*
Oundle and Thrapston R.D.C.	Gt. Addington and Lt. Addington Sewerage	£38,000	£45,819	Half-yearly payments of £304 for 30 years	Half-yearly payments of £348 for 30 years	£8,650	£9,900
Towcester	Parrishall and Cold Higham sewerage and sewage disposal	£120,674	£131,528	Half-yearly payments of £967 for 30 years	Half-yearly payments of £1,083 for 30 years	£27,500	£30,800
Wellingborough R.D.C.	Earls Barton sewerage and sewage disposal	£162,039	£217,546	Half-yearly payments of £1,437 for 30 years	Half-yearly payments of £1,680 for 30 years	£36,770	£42,985

2. Rural housing

The activities of rural housing authorities during 1970 are summarised in this table which also indicates their achievements in the entire post-war period.

	Population est. 1970	*Under construction at* 31/12/70*	*Completed up to* 31/12/69	*Completed during* 1970*	*Total post-war houses completed at* 31/12/70	*Post-war houses completed per* 1,000 *population*
Brackley	14,150	35 (21)	857	23 (—)	880	62.2
Brixworth	17,340	— (10)	716	10 (12)	726	41.9
Daventry	19,350	— (—)	1,085	— (13)	1,085	56.1
Kettering	12,380	12 (10)	989	10 (—)	999	80.7
Northampton ...	23,030	10 (12)	1,924	30 (—)	1,954	84.8
Oundle and Thrapston	18,140	72 (13)	953	13 (—)	966	53.3
Towcester	19,210	78 (70)	1,268	54 (20)	1,322	68.8
Wellingborough ...	17,130	2 (10)	1,016	8 (8)	1,024	59.8
Totals ...	140,730	209 (146)	8,808	148 (53)	8,956	MEAN—63.5

* Figures in parenthesis show corresponding figures for 1969

The building of 8,956 houses by rural districts, whose total population is 140,730 represents one new house for every 15.7 persons. In addition, 13,624 houses have been completed by private enterprise since the war. Combining figures for public and private housing, a total of 22,580 houses has been completed since the war in the rural districts of the County, representing one for every 6.2 members of the population.

LIAISON ARRANGEMENTS

1. Department of Community Medicine, Kettering General Hospital

DR. N. SOLOFF, SENIOR MEDICAL OFFICER FOR ADULT HEALTH

The department has continued to act as a basis for liaison between community and hospital staff. It is now well-known throughout the Kettering group of hospitals, and in particular in Kettering General Hospital itself, where Mrs. I. Kilsby, the clerk in charge of the department, has become accepted as if she were a member of the hospital staff.

There has been increasing use of the department, particularly by ward sisters, in the referral of patients for community services required on discharge from hospital, as shown by the annual figures. Follow-up of children not attending clinics has continued to be a valued service offered to the paediatric departments.

A monthly local health authority family planning clinic was started in Kettering General Hospital by Mr. J. M. Ritchie, Consultant Gynaecologist. This clinic is administered through the Department of Community Medicine, solely for women in medical and social need.

Discussions have been held with hospital medical social workers, consultants in physical medicine, occupational therapists and nursing staff regarding the development of liaison arrangements to help in the co-ordination of services to patients being transferred from hospital to the community.

It is hoped that the future changes in the administration of social services, local government services and the health service will facilitate this. In the interim, informal channels of communication have been developed between the hospital and community nursing and occupational therapy services in an attempt to provide the best co-ordination of after-care for patients leaving hospital.

2. Handicapped drivers

DR. J. SARGINSON, DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

As licensing authority, the County Council has a responsibility to issue driving licences not only to fit persons but also to certain categories of handicapped persons, upon whom restrictions may be placed. In the case of persons driving invalid carriages, difficulties are seldom encountered, but problems do arise at times from comments made on the declaration of health when application is made for a driving licence, or, less often, arising from an incident notified by the police. In cases of this sort, the opinion of the County Medical Officer, as medical adviser to the Licensing Authority, is sought. In previous years, the numbers have been small but a significant change in the law relating to handicapped drivers was made during 1970 which resulted in a considerable increase in the work done in the Department and so particular reference is made to this item in the report for the first time.

The change in legislation concerned persons suffering from epilepsy. Prior to 1st June 1970, no person suffering from epilepsy was permitted to hold a driving licence until a period of three years had elapsed, without convulsions following cessation of anti-epileptic treatment. The changed legislation permits a person suffering from epilepsy to hold a driving licence, providing he satisfies certain conditions.

The effect of the new regulations is to add to the normal cases referred for medical opinion, a substantial number of patients suffering from epilepsy. In themselves the numbers of patients investigated in the different categories are small but each represents a significant amount of work. Very great care is taken to afford both the patient, his family doctor and the consultant concerned the opportunity to express their view-points. In most cases these consultations result in a recommendation being made but in cases of particular difficulty the prospective driver is interviewed and examined by a medical officer of this department.

From the table given below, it will be seen that most cases resulted in a decision being made to permit the applicant to hold a driving licence. A small number of physically disabled persons received a provisional licence which enabled them to undergo driver training. In such cases, a recommendation is usually made to the effect that the individual should have a special driving test where the examiner is informed of the disability so that he may be in a better position to assess the capabilities of the driver at the time of testing. It will be seen from the table that one person who is subject to sudden disabling attacks of giddiness was refused a driving licence, as were seven patients suffering from epilepsy. Not all the seven epileptics were considered totally unsafe to drive, the refusal being made in some cases owing to insufficient time having elapsed since the last recorded convulsion. It is expected that a number of these will re-apply at a later date and be issued with driving licences.

The whole question of epileptics and driving licences has been under discussion for many years, and it is pleasing to record the initial success of the new legislation.

CASES REFERRED FOR MEDICAL ADVICE

Total number of cases submitted during 1970 ...	50
Total number of cases refused	8
Cases outstanding at 31 December, 1970 ...	1

Disease or disability	*Total number of cases*	*Total number refused*
Epilepsy	32	7
Diabetes	4	—
Giddiness or loss of consciousness ...	3	1
Physical disability	3	—
Mental disorder	4	—
Migraine	1	—
Cerebral palsy	1	—
Cerebral thrombosis	1	—
Angina	1	—
Total	50	8

3. Other activities undertaken by the staff

In September, Lord Aberdare, Minister of State at the Department of Health and Social Security, came to the County to visit the Henley Centre, Kettering, and Moray Lodge Hostel, Duston, as well as the St. Crispin and Princess Marina Hospitals.

Other visitors to the County included groups from the King's Fund College of Hospital Management, including doctors, administrators and students from America.

The Daventry and Wellingborough Health Centres attracted a large number of visitors including chief dental officers, doctors, nursing officers, clerks of executive councils and administrators from America, Australia, Denmark and Canada, as well as from the United Kingdom. One group, who were involved with the Thamesmead project, came from the London Borough of Greenwich and their visit was reciprocated by an invitation to officers of this authority to go to Greenwich later in the year.

Officials of various Government Departments visited the County to see special training centre schools; the dental service and health centres.

The Health Education section received visits from a student from London University as part of his diploma course and also from dietitians and nutritionists. A Health Education Seminar at the Cripps Post-Graduate Medical Centre was organised by the Health Education Council and was attended by staff from this authority, as well as from Northampton County Borough and Buckinghamshire.

Medical officers of health from counties and county boroughs were interested in various sections of the Department, including the computer scheme for vaccination and immunisation, the development of dental services in health centres and the Department of Community Medicine at Kettering General Hospital.

The Ambulance Service also received visits from officers of Hertfordshire County Council who were interested in vehicle conversions, and from Warwickshire County Council, who wished to see the Central Ambulance Control and discuss decentralisation of operations.

Professor W. W. Holland and Dr. J. Weddell from the Department of Clinical Epidemiology and Social Medicine, St. Thomas's Hospital Medical School, London, visited the Daventry and Wellingborough Health Centres to discuss with the general practitioners the possibility of carrying out an operational study for screening of raised blood pressure and the treatment of this condition.

Officers of this Department paid visits during the year to other authorities to study such matters as the computerisation of school medical records, dental services for the mentally handicapped, the functioning of the Scottish Ambulance Service and mobile health clinics.

Mr. R. J. Bruce was re-elected Chairman of the Midland Group of the Association of Health Administrative Officers.

4. Publications

" A Department of Social and Preventive Medicine in a District General Hospital "—Dr. W. J. McQuillan and Dr. B. T. Williams. Published in the *Postgraduate Medical Journal* in September, 1970.

" The Second Green Paper and its relevance to Rural General Practice "—Dr. W. J. McQuillan. Published in *Rural Medicine*, September 1970.

SCHOOL HEALTH SERVICE

August, 1971

To the Chairman and Members of the Northamptonshire Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the sixty-third annual report on the health of the schoolchildren in Northamptonshire.

The new format of this report should make it easier for members to find sections which are of interest to them. The health of the schoolchildren on the whole was satisfactory and there are no particular points which need high-lighting as the various sections of the report cover all aspects of health.

The schoolchild population continues to increase at a rate which is causing problems for the school health service. The steady increase in recent years is shown on p. 96, and the percentage increase over 1969 of 5.1% is almost double the average increase for England and Wales of 2.65%. To provide satisfactory services for schoolchildren at a time when there is a shortage of staff, not only because of financial stringency but also because of problems in recruitment, is extremely arduous. Fortunately the difficulty of recruiting medical officers, which has been accentuated by the impending reorganisation of the National Health Service, has been compensated to some extent by the recruitment of general practitioners for sessional work. A number of general practitioners have commented that this has given them a new and interesting insight into their relationship with those children and their parents who are on their own practice lists. One doctor remarked that for the first time he found that at school medicals, the mothers of children on his own practice list had asked him for advice about matters which he had not realised had been causing problems.

Throughout the report the need is stressed to accommodate handicapped children in ordinary schools, as far as possible. Severely handicapped pupils obviously present special problems which school teachers find difficult to cope with, although some make every effort to accommodate these children and deserve a special tribute.

Computerisation of school health records deserves special mention. Since 1st January, 1968, all information relating to children born after that date has been recorded on computer tape. These children will be entering school in 1973 and already it is necessary to consider the kind of record which should be maintained for them during their school life. The present school record has been a source of dissatisfaction for years and a record more appropriate to present-day needs must be designed. Unfortunately little advice is available on this.

A study has begun regarding the inclusion of dental statistics as part of a comprehensive child health record and the links which have been established between the School Dental Service and the Department of Dental Health, University of Birmingham may prove useful in this.

The Education (Handicapped Children) Act 1970 ensured that the responsibility for educating severely mentally handicapped children was transferred to the Education Committee. That it should ever have been otherwise was a reflection on society and for that reason it was a welcome step.

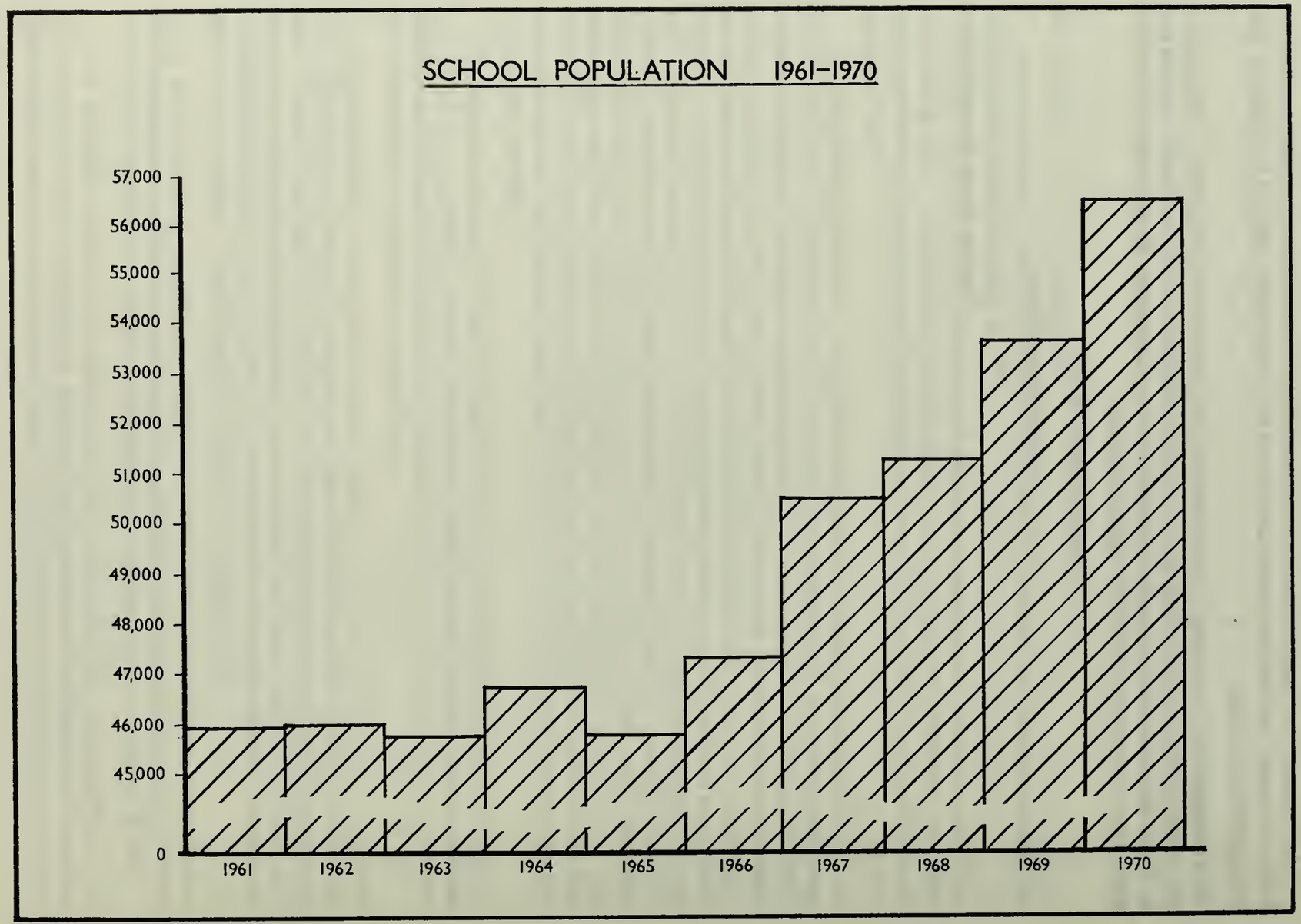
At the time of writing, the future of the School Health Service has not yet been revealed and it is to be hoped that this important service will not be adversely affected by whatever new arrangements are made.

In conclusion, I would like to thank the staff who helped in the preparation of this report, the remaining staff for their loyalty and hard work throughout the year, and finally I should like to thank the Chairman and members of the Education Committee for the continued interest which they have shown in this very important service.

I have the honour to be,

Your obedient servant,

W. J. McQUILLAN,
Principal School Medical Officer.


SCHOOL POPULATION 1961-1970
57,000
56,000
55,000
54,000
53,000
52,000
51,000
50,000
49,000
48,000
47,000
46,000
45,000
0
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970

I. THE GENERAL SCHOOL POPULATION

1. MEDICAL EXAMINATIONS

(a) Numbers examined

There was a further marked increase in the number of children attending schools in the County during 1970 as shown opposite and it is becoming increasingly difficult to provide a comprehensive school health service. It is estimated that over 1,000 school medical officer sessions are needed to deal with the routine school medical examinations alone and that almost 1,000 extra sessions are needed to carry out special examinations. The actual number of sessions allocated to school medical service functions during the year was 1,572 but this includes all services, i.e., children referred for special examination, audiology and other clinics and the examination of entrants to teacher training colleges.

In a situation where there is an acute shortage of medical staff, it is necessary to deploy these where they are most needed. While making every effort to carry out the screening of all five-year-old children at school entry, it was necessary to give a higher degree of priority to children requiring special examination. The number of special examinations carried out during 1970 showed a marked increase from 356 in 1969 to 862 in 1970. This is approximately equivalent to 420 medical officer sessions but had it been possible to devote these to routine medical examinations, over 4,200 children could have been examined.

The survey of physically handicapped children attending ordinary schools organised by the Department of Education and Science also required a large number of sessions which would otherwise have been devoted to routine medical examinations. In addition, an increasing number of children are being examined by school medical officers prior to their admission to school. These are almost exclusively children who may need special education, either immediately on reaching school entry age or shortly afterwards.

Taking all these factors into account, it is not surprising that the number of routine school medical examinations carried out in 1970 was considerably lower than the number completed in 1969, as shown in Table 3.

(b) Defects found

The health of the school population in general is satisfactory, and only 6.3% of the 5,351 children receiving routine medical examinations were found to require treatment of some kind. Changes in the rates of defects found should not be regarded as statistically significant, as these tend to show changes in subjective assessments rather than real changes in the number of defects occurring. Details of the defects found are given in Table (3c) on page 117.

In reports on their work during the year, several medical officers have observed that obesity is becoming less of a problem, but have commented on an apparent increase in the incidence of behavioural problems.

One doctor has made special reference to a small primary school which is attended by a child suffering from muscular dystrophy, another with spina bifida, one child with rheumatoid arthritis and two children suffering from epilepsy. The head teacher has accepted the extra strain which this imposes on the school and consequently it has not been necessary for these children to attend special schools, which because of the remoteness of this village would have had to be residential.

Referred for examination by a specialist	1,316	(6.4%)
Colour vision tests, passed	3,180	
failed	72	(2.2%)
Total	3,252	

(c) **Participation of general practitioners**

During 1970, twenty general practitioners carried out routine school medical examinations in schools in the areas of their practices. A number of the doctors who have given their views on the arrangement all felt that it worked very satisfactorily. Many of the children seen are their own patients and the doctors' previous knowledge of the children is a great advantage when carrying out assessments and examinations. The doctors enjoy seeing the children in the school environment and examining them when they are fit rather than only seeing them when they are ill. The fact that the children are seen by a doctor whom they know and in whom they have confidence is appreciated both by the children and by the parents who are able to raise matters with the doctor which they would not discuss in the surgery. The doctors in one practice expressed the opinion that the examination of school children was a most valuable and useful extension of their ordinary practice work.

2. SCREENING TESTS IN SCHOOLS

Screening of children's vision and hearing is carried out at the following ages:

Age five years	—	Vision test
,, six years	—	Hearing test
,, eight years	—	Vision test
,, twelve years	—	Vision and colour vision test
School leavers	—	Vision test

In addition, tests are performed at any time at the request of medical officers, health visitors, teachers and family doctors. Special requests are given priority and the justification of this policy is shown by the fact that, in 1970, 26% of children referred for special hearing tests were found to be in need of further investigation compared with only 5% of the children seen for routine screening tests of hearing.

Screening is carried out by four school clinic nurses who are engaged exclusively on this work, and also by five school clinic nurses who combine screening with other routine school nursing duties. Vision testing is carried out by Keystone telebinocular vision screeners.

The following shows the number of tests carried out and the number of children referred for further assessment.

(a) **Vision tests**

Number of tests, routine		19,592
special request ...		356
re-examinations ...		695
TOTAL		20,643

(b) **Hearing tests**

SWEEP TESTS

Number of tests	6,370	
Number of children referred to assessment clinics	340	(5.3%)

SPECIAL REFERRALS

By school medical officers	117	
head teachers	190	
school nurses	34	
speech therapists	33	
parents...	22	
family doctors	55	
others	15	
TOTAL	466	
Number still awaiting a test	18	
Number seen:	448	
Number referred to assessment clinic ...	117	(26.1%)

3. INFECTIOUS DISEASES

(a) **General**

In 1970, 42 notifications of the occurrence of infectious disease, involving 106 pupils, were received from schools, over half of which concerned outbreaks of german measles.

Dr. F. R. N. Lynch has reported on the following outbreaks:

INFECTIOUS HEPATITIS

Two outbreaks of infectious hepatitis occurred, involving two and seven schoolchildren respectively.

BACILLARY DYSENTERY

In one area twenty cases of bacillary dysentery in school children were notified, nine of which were of the Flexner type, which proved to be the more severe, and the remaining cases were of sonne dysentery. Several schools were involved, and it was necessary for three school children to be admitted to the Harborough Road Isolation Hospital, Northampton.

BACTERIAL FOOD POISONING

An outbreak of bacterial food poisoning, affecting one secondary and two infants' schools, occurred in October. In all, there was a total of 134 cases; those affected had eaten a meal prepared in the secondary school kitchen.

The meal was served at 12.10 p.m. and the first case of illness occurred at 3.20 p.m. Between 3.30 p.m. and 4.30 p.m., nine cases of suspected food poisoning had been admitted to Harborough Road Isolation Hospital, Northampton. The cases were attended by two local general practitioners who had responded immediately to the request of the head master of the secondary school.

Altogether, sixteen cases required admission to hospital but, although there were three serious cases, most of the cases were mild and were treated at home.

The numbers affected at the three schools were as follows:

(a) Secondary school

Pupils	100
Teachers	3
Catering staff	4
	107

250 meals were served at this school

(b) Infants' school

Pupils	13
Teachers	1
	14

26 meals were served at this school

(c) Infants' school

Pupils	13
Teachers	—

68 meals were served at this school

The main clinical features of the illness were vomiting, abdominal pain, prostration and in some cases diarrhoea. Because of the short interval between the onset of illness and the consumption of the meal, a tentative diagnosis of bacterial food poisoning due to pre-formed toxin in an item or items of the meal was made. Further investigation showed that the illness was definitely associated with the sweet course which was a trifle.

The kitchen was examined and locked. A large number of samples of food stuffs were taken for bacteriological examination and the other standard measures, appropriate in such an episode were taken. All members of the catering staff were medically examined. Two days after the outbreak, the last case admitted to the isolation hospital was discharged, and all those affected by the illness had recovered. The kitchen was again opened for the preparation of school meals.

Preliminary tests indicated that at least one of the catering staff was a carrier of the germ responsible for the illness, although unaware of this fact. Three members of the catering staff were temporarily relieved of their duties in order to undergo a prophylactic course of antibiotic treatment.

Staphylococcus aureus of the same phage type (6/47/53/54/75/85) was isolated from eight faecal specimens taken from children who had been hospitalised, but rectal swabs from the other eight cases yielded only one positive result. Staphylococcus aureus was isolated from nasal swabs of three members of the canteen staff but only one of these was of the same type as the faecal strains. No staphylococci or other pathogens were isolated from samples of the food consumed, but the trifle sample gave heavy growths of coliform bacilli of the aerogenes type.

The clinical picture strongly suggested staphylococcal toxin as a probable cause, and this was supported by the isolation of staphylococcus aureus from faecal samples of the cases and from one member of the canteen staff, but the failure to isolate staphylococci from the food was difficult to understand.

(b) **Tuberculosis control**

In April a child attending a large secondary school in the county was reported to be suffering from advanced infective tuberculosis. Members of the child's family were all x-rayed and were found to be clear of infection. With the co-operation of the school and the Mass Radiography Service it was arranged that all children in the school who had not already received protection against tuberculosis should receive a Heaf test and, if necessary, B.C.G. vaccination, and that all other pupils and the staff should be x-rayed. Of the 242 children Heaf tested, 33 were found to be positive and were x-rayed, together with 165 children who had been protected earlier and 28 members of the staff. All the x-rays proved to be satisfactory, and no further cases of tuberculosis were discovered.

4. VACCINATIONS IN SCHOOL

(a) **B.C.G. vaccination**

All children reaching the age of 13 years are offered a Heaf test, to detect those who need vaccination against tuberculosis. In 1970, the parents of 3,733 children consented to these procedures, an acceptance rate of 98.7%. Those with a negative or slightly positive reaction are offered B.C.G. vaccination, and those with more strongly positive reaction are given a chest x-ray. Of the 278 children x-rayed, only one was referred to the chest clinic, and further investigation revealed that no disease was present.

Table 4 on page 119 is an analysis of the Heaf test results and B.C.G. vaccinations.

(b) **Rubella vaccination**

The Department of Health and Social Security issued a circular in July which stated that the Standing Joint Committee on Vaccination and Immunisation had recommended that vaccination against rubella should be offered to all girls between their eleventh and fourteenth birthdays, because of the known association between rubella infection in pregnancy and certain foetal abnormalities. Priority was to be given initially to girls in their fourteenth year to ensure that as many girls as possible were protected before reaching child bearing age, and the Department would supply vaccine free of charge to enable girls in this group to be vaccinated by family doctors.

In November, a publicity campaign was launched including advertisements in the local press, a press conference, clinic displays and visits to schools by health education staff in order to give talks on the possible effects of german measles. Letters were sent to general practitioners, offering them supplies of vaccine, and to the parents of the 4,000 girls, in the fourteen-year age group encouraging them to attend their doctors' surgeries for vaccination. In the initial stage of the campaign no local authority clinics were arranged to administer the vaccine, but vaccination is to be given at school to girls who do not attend at their family doctors' surgeries.

11. HANDICAPPED CHILDREN

Dr. I. J. Cope, Senior Clinical Medical Officer

Handicapped children are a part of the community and every effort must be made to secure their acceptance and integration within society. Therefore the work of the child health section must be geared to the early detection of the handicapped child; the giving of help and advice to the parents and guidance on the provision of adequate educational facilities.

The need for nursery classes for the handicapped is well-known. The problem of giving help and advice to the parents of the handicapped pre-school child could be partially solved through the employment of a peripatetic nursery teacher. Such a teacher would give advice regarding development training; would be able to show suitable equipment and suggest how it could be easily made or the source of supply. This would be of great help in rural areas where playgroups/nursery groups are few and far between.

It is accepted that special schools can provide special facilities e.g. equipment, physiotherapy, trained staff and, probably the most important, low teacher/pupil ratio. It is unfortunate that for some children these facilities are only obtainable at the cost of a long daily journey or residential placement. Particularly with the physically handicapped in rural areas, I believe that if the child can manage in a normal school academically then every effort must be made to place him there. A special tribute is due to those ordinary schools which have willingly accepted severely physically handicapped pupils. The head teachers have said that it is good experience for staff and pupils to have such pupils among them.

5. SPECIAL SCHOOLS

(a) Kingsley School, Kettering

At the end of the year there were seventy-eight children on the roll of the school, ten being in the observation class. As in the previous year there were two main diagnostic groups—cerebral palsy (15) and spina bifida (11). These two figures show a slight, but predicted, increase.

The Annual Report for 1967 forecast that more places would be required for long-stay pupils. In that year, seven cases of cerebral palsy and six of spina bifida were attending the school. In 1967, eight pupils returned to ordinary schools, in 1970 only one.

Last year reference was made to the dual handicap from which most of the spina bifida children suffered i.e., physical handicap and educational subnormality. As a result of psychological testing which has been carried out on the majority of the pupils, it is evident that this dual handicap is not confined to any one diagnostic group.

I. Q. Range	*No. of pupils*
40-49	5
50-59	6
60-69	8
70-79	12
80-89	18
90-99	5
100-109	5
110-119	1
120-129	1
not yet tested	7
	68

These figures show that about 50% are to be regarded as educationally subnormal. On the basis of these figures I would submit that:

(1) overcrowding must be resisted, not only because of the physical problem involved but also because the children require a considerable amount of individual tuition.

(2) the majority of the children are going to have difficulty in obtaining suitable employment, on account of the dual handicap. It is important that the curriculum in the upper part of the school be related to the question of employment and that employers be made aware of these children. I am pleased to be able to report that the school and the Careers Advisory Service are aware of the necessity of this.

(3) it is important that early and regular contact be made with handicapped children and their families. In my experience the parents are willing to accept the visible physical problem but not the mental one. All too often the factor which will affect school placement and subsequent employment is the mental one.

Physiotherapy

Increased use has been made of the unit during the year. A second physiotherapist, Mrs. I'Anson, has joined the staff on a part-time basis. She and Mrs. Gent now provide at least a minimum of the requirements for twenty-three children on four days per week. It is hoped that it may be possible to extend the service to five days per week during the coming year.

Observation class

There are ten children on the roll of this class. About 50% are disturbed children and their placement continues to be a problem. At present there is little alternative but to return them to their original school. There is a pressing need for the establishment of special classes/units for these children, in the main population centres i.e., Corby, Daventry, Kettering and Wellingborough. Of the non-disturbed children, most eventually prove to fall within the severely subnormal category.

During the year seventeen children left the school.

Physically handicapped:

To normal school	1
E.S.N. school	1
Residential special school	3
Left the district	2
Died	4
	11

Observation class:

To normal school	2
Training centre schools	4
	6

It is with regret that one has to report the four deaths—two due to congenital heart disease, one to spina bifida and one to cystic fibrosis.

FUTURE NEEDS

The need for the complete rebuilding of the school is well-known and the case has been actively presented to the Department of Education and Science.

(b) **Avondale partially hearing unit, Kettering**

This unit continues to meet a very definite need in the northern part of the County. During the year there has been a more complete integration within the normal school life. Five children were admitted to the unit and four were transferred, three to residential schools and one to a day E.S.N. school; there are now ten children on the class roll.

The majority of the children in the unit at present are unlikely to cope adequately with the ordinary secondary school. The establishment of a senior unit therefore must be considered. The alternative will be the costly, and less satisfactory, solution of a residential school.

6. EDUCATIONALLY SUBNORMAL PUPILS

The demand for places at the four special schools continues to grow. At the end of the year there were 350 children attending the schools with a further 71 on the waiting list.

It would appear that a considerable number of children are having to spend frustrating years as failures in the ordinary school, either through lack of places or delay in the recognition of their need. A child's first year in a special school is often occupied in adjusting to the idea that he is no longer a failure. It is often possible to detect in the pre-school, or early infant, school days which children are likely to require help. Provision should be made for this, either through the establishment of special classes within the infant school or of infant classes attached to the special school.

During the year, 71 children left the four schools:

To normal school	1
residential special school	2
day special school (E.S.N.) ...	5
junior training centre school ...	—
employment	47
left the district	15
physically handicapped school ...	1
	71

Like the physically handicapped, the children attending these schools often have dual handicaps, the second frequently being a social one. Placement for employment is again a considerable problem and is one which needs to be tackled at an early stage. It is hoped that improved liaison with the Careers Advisory Service, will enable a closer study to be made of the problem and of the follow up of school leavers.

7. SURVEY OF PHYSICALLY HANDICAPPED CHILDREN IN ORDINARY SCHOOLS

In November, 1969, the Principal Medical Officer at the Special Services Branch of the Department of Education and Science wrote to local authorities regarding a survey which was

to be carried out of physically handicapped children attending ordinary schools. Although there is considerable information available regarding physically handicapped children in special schools, little was known either about the numbers attending ordinary schools or about the nature of the handicap involved. There are now fewer children with, for example, rheumatic heart disease, tuberculosis or paralysis following poliomyelitis and osteomyelitis, but other problems have arisen, notably the increasing number of children with spina bifida who now require education.

This authority agreed to co-operate in the survey, and the necessary work was carried out during the summer term. Most of the children concerned were already known to this department but, to ensure that the survey was as complete as possible, each head teacher was asked to submit the names of any children suffering from a physical handicap and for whom special attention was required or who were unable to participate in all normal activities.

One hundred and ninety-four children were found who came within the scope of the survey and a questionnaire was completed in respect of each child and submitted to the Department of Education and Science. Most of the children were specially examined by a medical officer, and a further 101 children who did not come within the scope of the survey, but who required special attention at school were also examined.

The results of the survey are shown below:

Number of children suffering from:

Cerebral palsy		34
Congenital defects	—spina bifida	10
	myelomeningocele	5
	hydrocephalus without myelomeningocele	6
	upper limbs	9
	lower limbs (other than talipes)	5
	talipes	8
	dislocated hips	4
Post poliomyelitis		9
Heart defects—rheumatic		5
congenital		47
Amputation—lower limbs		1
Muscular dystrophy		3
Muscular atrophy		3
Haemophilia		5
Perthe's disease		8
Rheumatoid arthritis		3
Fragilitas ossium		3
Achondroplasia		3
Other forms of dwarfing		2
Others, accidents, burns etc.		21
TOTAL		194

III. SPECIAL SERVICES

8. DENTAL HEALTH

Mr. P. W. Gibson, Chief Dental Officer

(a) Introduction

In the report for 1969 the opportunity was taken to review the changing philosophy needed in planning dental services for children, the assessment of need and the particular conditions existing in Northamptonshire, and the links between these field services and the reorganised central administration.

Numerous objectives arising from this review were defined for our work in 1970. This report will describe these objectives, enumerate the achievements, and define the ongoing objectives for our work in 1971.

Although it may be restating the obvious, the ultimate goal for children's dental services should be to promote dental health for children. To achieve this, and through this, to improve dental health in the community as a whole, we must properly deploy the professional dental manpower which possesses those special skills necessary to meet the needs of particular groups and age groups of children, to delegate all routine clinical tasks to auxiliaries and hygienists, and to involve in adult dentistry that proportion of professional manpower which has particular skills in that field. In effect, for the period remaining until local government and health service changes are effected, as far as the County Dental Service is concerned, this means increasing concentration upon preventive techniques. It also means the provision of an overall inspection coverage for children, the collection of significant and comparable epidemiological data in random samples, the provision of a screening service for children aged three, five and eight years, and finally, but not least, increased and improved dental care for those children who are mentally and/or physically handicapped.

(b) Staff

The number of full-time professional dental staff in post at 31st December 1970 was twelve. In addition there were four part-time dental officers, with a total full-time equivalent of 1.7. There were also three dental auxiliaries in post. This represents an increase of one full-time dental officer on the previous year. However, the school child population increased by 2,744 during the year, and the number of children under five years of age is now 28,700, of whom just under 6,000 are under one year of age. In 1970, 65% of schoolchildren were inspected by dental officers in school and clinics.

During the year Mr. C. D. Cox became the third full-time dental officer on our staff to participate in the course for the Diploma in Dental Public Health, and the Authority should congratulate itself on the fact that three full-time dental officers have either completed or are about to complete this course. This record is unequalled by any other Local Health Authority in the country.

(c) **Activities**

Activities during 1970 will be best considered under group headings. Thus, we can consider research, developments in computerisation, staff development training, health education, activities directed towards the integration of all dental services in the area, and the development of services for mentally handicapped children.

(d) **Research**

Throughout the year, collection of epidemiological data basically designed to provide information about treatment need, and relating it to manpower need, continued. Data is being collected from the entire population of mentally handicapped children and from random samples of normal five-, eight- and twelve-year-old children in Kettering.

The Scunthorpe/Corby Fluoridation Seven Year Annual Survey continues.

All this data is being collected on computer cards supplied by the Department of Dental Health, University of Birmingham, and processed through their computer. In addition, a full scale clinical trial of a fluoride paste is planned for the Autumn of 1971 and an experimental prevention clinic which is planned to begin in Corby after Easter, has its own base-line survey. This is a three-year project.

Closely allied to these research projects, planning for the increased use of computers throughout the whole field of child health has implications on the dental service. For instance, the basic requirements for the system to provide three-year-old birthday card invitations for all children born in the County, are being supplied by the County Council computer. Relevant medical and dental histories will be inter-related by the use of the computer.

Finally, a new form for the collection of dental treatment statistics has been designed and is in experimental use. It is planned to collect, process and analyse all treatment statistics by the County Council computer from 1st January 1972.

(e) **Staff development training**

Two staff meetings were held during 1970. The first, in Daventry Health Centre in March, discussed internal matters and the first draft of the proposed treatment statistics form was introduced for discussion. At the second meeting held at the University of Leicester Annexe in November, Mr. D. E. Gibbons, L.D.S., R.C.S., D.D.P.H., Area Dental Officer for Worthing, gave a paper on " The effectiveness of toothbrushing in the prevention of dental caries ".

No staff development meetings involving general dental practitioners or outside visitors were held in 1970, but a one-day programme has been planned for October 1971, at which papers will be given on Community Health, Adult Dental Health and Child Dental Health, during the morning session. The afternoon session will consist of a workshop with mixed discussion groups enquiring into the particular community dental problems in Northamptonshire and an attempt will be made to identify priorities for policy designed to overcome these problems. It is hoped that this meeting may provide a springboard for further integrated group discussions, aimed at creating successive opportunities for members of all branches of dental services here, to look at the community dental needs as a whole and possible ways of meeting these needs.

(f) **Dental health education**

In dental health education we have also reviewed our aims. We have tended to reduce the number of traditional talks given in schools by dentists and dental auxiliaries, since there is a growing feeling that this method may not prove to be the most effective means of obtaining

changes in attitudes and behaviour. This year dental health talks have been aimed at a small section of the young adult population, with prevention and therefore fluoridation as the main theme. We feel that young parents can be motivated towards achieving better dental health for their children. On the assumption that parents should be able to influence behavioural changes in the home environment, we regard this group as being the focus for our future attentions.

Elements of dental health education are still of course included in the curriculum of the general health education programmes in schools.

Fluoridation still remains the best and most effective way of reducing dental decay. Evidence is now available from the neighbouring area of Birmingham, where the dental decay rate in children has been reduced by 50% as a result of fluoridation of the city's water supplies.

Our own children are still suffering from greater amounts of dental decay than they need because of the lack of agreement by neighbouring local authorities to fluoridate our own water.

Trying to promote dental health without fluoridation is at present like trying to empty a bath without first turning off the tap.

(g) **Dental services for handicapped children**

The development of dental services must take into account our responsibilities for mentally and physically handicapped children. It is proposed to form a dental team to develop this service for the mentally handicapped as an overall group, as part of this team's ultimate brief. The task of this team will be to take treatment to the handicapped, and will consist of:

(i) A senior dental officer, whose activities will be mainly clinical, but who will also be responsible for collection of clinical data relating to the handicapped, which is not available at present.

(ii) A dental auxiliary whose function will be to establish initial personal contact with patients, and to collect data relating to age, type, and degree of handicap, and any medical conditions which may affect dental treatment. The dental auxiliary will also have clinical responsibilities for the treatment of those patients delegated to her by the senior dental officer.

It is proposed that both the senior dental officer and the dental auxiliary hold joint appointments at the Princess Marina Hospital. The Hospital Management Committee would be expected to accept responsibility for a proportion of the salaries.

(iii) A dental hygienist, who is not as highly qualified as a dental surgeon or dental auxiliary and will, therefore, undertake work of a less technical nature under the supervision of the dental officer, e.g. cleaning, polishing and scaling of teeth, advising on oral hygiene, and carrying out any other tasks delegated to her by the senior dental officer. The dental hygienist will also hold a joint appointment at the Princess Marina Hospital, but, unlike the other two members of this team, will be a new category of appointment within the establishment.

(iv) Dental surgery assistants, who will be required for the senior dental officer and dental auxiliary only. The question of whether the dental surgery assistants will be required to assist with the clinical work at the Princess Marina Hospital will have to be resolved.

The special difficulties of providing dental treatment for the handicapped include those of access. It has been shown by experimental use of a conventional mobile dental caravan at Dallington Park School, that considerable advantages would accrue if facilities for treatment could be taken to the children either in special schools or training centre schools. The advantages include ease of access by the child, minimal disruption of the child's normal school activities,

the establishment of a more permanent personal relationship between the clinical team, the child, and the teaching and supervisory staff, and not least, because it helps to avoid removing the child from his familiar everyday environment when needing dental treatment.

The traditional type of mobile clinic is not entirely satisfactory in terms of structure and design, and a smaller van, perhaps less elaborately equipped, but nevertheless with certain additional built-in features, such as, a wider rear entry, complete with ramp, and, or, powered lift, would be more suitable.

(h) **Acknowledgements**

As usual, I would like to thank my clinical and clerical staff for their continued support and loyalty, and also Dr. W. D. Box, Dr. C. N. Bruton, Dr. W. R. Howell, Dr. R. G. Lilly, Dr. M. Lucas and Dr. D. W. Robertson for their assistance in the administration of general anaesthetics.

9. SPECIAL CLINICS

(a) **Vision**

Following the routine vision screening tests, each child who fails the test is offered an appointment at a school eye clinic, although the parents can, if they prefer, make arrangements for the child to be seen under the National Health Service. The children attending the clinics are examined by ophthalmologists and spectacles are provided if necessary. The services of the ophthalmologists are made available by the Regional Hospital Board.

		Children seen		
	Sessions held	*New cases*	*Old cases*	*Total*
Corby	21	326	351	677
Kettering	19	211	316	527
Northampton	24	163	197	360
Rushden	17	131	117	248
Wellingborough	30	166	290	456
Brackley	5	9	30	39
Banbury	7	9	13	22
Totals	123	115	1314	2329

Spectacles were prescribed for 777 children. At the end of the year only 16 children were on the waiting list to be seen by the ophthalmologist.

(b) **Hearing**

Children attending the clinics after failing the routine screening test are examined by a medical officer and, if necessary, referred to their family doctors or directly to ear, nose and throat specialists, after the general practitioners have been consulted.

Number of clinics held	47
Number of children seen	436
Number of children referred after examination to	
(a) General Practitioner	19
(b) Specialist	8

Attendance at the hearing assessment clinics held throughout the County has often been very disappointing. It has not been uncommon to get 50% non-attendance. The reason for this is often obscure but must frequently be attributed to parental indifference. Lack of transport has been cited as an excuse in the rural areas, yet the department is always willing to arrange this if requested. This non-attendance is one reason why there has, at times, been a delay between referral to and appointment at an assessment clinic. This service should I believe extend throughout the year rather than be geared to term time. The long summer holiday should not be an excuse for a delay between referral and appointment.

Monthly audiology clinics are now held at Northampton and Kettering General Hospitals. They prove to be useful liaison meetings between school medical officers, clinic nurses, the peripatetic teacher of the deaf and the staff of the hospital E.N.T. department.

(c) **Enuresis**

Dr. J. M. St. V. Dawkins continued to run the enuresis clinic in Daventry, and Dr. D. P. Curran, a general practitioner, agreed to conduct the clinic in Corby, which recommenced in April. Dr. Dawkins and Dr. Curran have given me the following reports on the clinics, and statistics are given in the table on page 112.

Daventry Enuresis Clinic—Dr. J. M. St. V. Dawkins

The clinic was held throughout the year at the Daventry Health Centre, and this venue has improved the facilities both professionally and for the patients. The routine which has been adopted and has proved successful over the past five years continues, with some minor modifications. Children are referred by the family doctors, school doctors, health visitors and nurses. Occasionally, those who have received personal recommendations from parents of those successfully treated request appointments. These are always referred back to their general practitioners before acceptance. Treatment is not recommended before the age of five and a half years. At the first attendance after a detailed history, perusal of school records, and a full medical examination, a careful explanation of the causes of enuresis, accompanied by relevant pamphlets, is given, and an endeavour is made to establish confidence in cure. Each case takes approximately half an hour, as it is considered that ultimate success can be dependent on the relationship created at this first visit, particularly with the child. It is often possible to assess prognosis at this early stage, as experience has taught that the majority of children who are from happy homes and have no psychological disturbance (apart from their enuresis), are those who have never been dry, while children with psychologically disturbed backgrounds often have varying periods of control with lapses.

All children are assessed for the possibility of organic disease and a specimen of urine is sent for laboratory examination.

After discussion with mother and child, a personal calendar is presented which is kept unassisted by the child and decorated with suns or raindrops according to the daily result. This simple psychological ploy has proved remarkably successful and the often radiant child with a calendar full of " suns " is a rewarding experience for the doctor.

At the second visit which is made after four weeks, the future method of treatment is assessed. Some respond successfully to supportive therapy and the calendar. The majority, however, then start a course with the electric buzzer. This is usually successful within two or three weeks, and the patients with this early response are often those who remain ultimately completely cured.

In general the patients fall into, approximately, four categories: those who are the so-called " late developers " in bladder control—these are normal children, usually of average, even of above average intelligence, with happy homes. In some instances there is a family history of enuresis, not only in siblings but in immediate ancestors. They often sleep very deeply, and are, in general, not disturbed by their enuresis, but have enough insight to be pleased when they are cured. Treatment of this category is invariably successful, usually with the electric buzzer. This is the largest category. Secondly, those whose cure is almost immediate, often with the aid only of the calendar and re-assurance. It is difficult to assess why response is so prompt in these cases. Faulty toilet training is often cited as a cause of enuresis. I personally, have doubts of this assumption as siblings are often dry. I have still to place faulty training as a cause for enuresis, and in my view, this aspect is often part of a larger unsatisfactory psychological background which is the potent third cause of enuresis. Failure to cure this group is common; a cure may last as long as a year, but relapses occur and a small number of children, all of whom have disturbed psychological backgrounds, remain uncured in this category. Some have been referred to the Child Guidance Clinic without success. I admit failure with these cases and usually discharge them for a period of a year, and then review. Each is discussed with the general practitioner and a course of action agreed, which can include a detailed organic investigation. The fourth category are those children who are cured but do relapse after a period of six months to a year. These are few in number. A second course of treatment is usually successful.

All cases are reviewed at both six months and a year after so-called " cure ".

Corby Enuresis Clinic—Dr. D. P. Curran

I have now nearly completed my first year with the enuresis clinic. I originally styled the format of the clinic as a copy of that run by Dr. Dawkins in Daventry. Dr. Dawkins very kindly gave me the benefit of her experience. I have found that her sub-division into two distinct types of enuresis fits admirably in practice.

In the first category the well-dressed, pert, interested mother presents a well-mannered, slightly precocious child. The child has always wet since birth and never been dry. One month's trial with the record card is given, then mother returns with a neat copy of the record card kept by the child. Sometimes, after as little as one week with the buzzer the child is dry and remains dry. The patient and the mother return again the following month with the buzzer, give it back to you, thank you and that is the last you see of them.

The second category presents a converse picture. In these cases everything seems to go wrong. They are bad attenders, they forget their cards, they do not keep their cards, they make their cards up the night before they arrive. The mother comes with the child the first time, grandmother the next, the neighbour the following month. If they come at all for the next three months it might be the father. The buzzer never works, it goes off without wetting, wakes the rest of the family, is turned off by the child, frightens the patient, or simply because " Jimmy " dropped it.

I think there are several advantages to the personnel running the clinic being concerned with the patients in the town. As their general practitioner I know quite a lot of the patients who are presenting, their backgrounds and their family histories. Mrs. McKinnon, who helps me with the clinic, is a wealth of information about the children and their families as she is a school nurse. As you will see the first category can be cured by anybody and indeed the card does most of the work. It is the second category that causes frustration. It seems impossible to help these children and indeed it is made impossible for you to help them. One gets the

feeling that if the child and his family are not interested in organising themselves to develop bladder control then you are unlikely to help them by seeing them once a month or even once a day. Perhaps the feelings of frustration which are produced in doctors who run enuresis clinics is really the symptom that the patient is presenting. If that is the case, then one has to accept a large percentage of patients as being untreatable in the context of the enuresis clinics as run in this County.

	Corby	*Daventry*
New cases seen	42	20
Total attendances...	42	121
Number cured	15	11
(a) with buzzer	11	8
(b) without buzzer	4	3
Number referred to psychiatrist ...	2	2
Number referred to full organic investigation	—	2
Failed to keep further appointment ...	—	8
Moved in course of treatment ...	—	3
Number under treatment at end of year	22	34
Number on waiting list	10	—

10. CHILD GUIDANCE

This section is based on reports by Dr. K. Stewart and Dr. B. S. Phillips, who have clinical responsibility for areas in the southern and northern parts of the County respectively.

Dr. Stewart refers to the difficulties in providing a therapeutic and consultative service with the lack of staff available. The relevance of consultative work becomes more obvious, and while the function of enabling others to deal with their own problems instead of " taking over " for them is becoming recognised as an important and legitimate one, the referral of cases which need to be dealt with directly continues to increase. The increase in referrals has meant that, although more cases were seen during the year, the waiting list at the end of the year was the same length as at the beginning and to quote Dr. Stewart: " There is a limit to the usefulness of running harder to stay in the same place. But the running harder to see more cases did not detract from the depth of the work done."

Dr. Phillips also comments on the continued demand during the year, particularly from general practitioners, which fits in with the present trend of integrating family medicine and family psychiatry, to provide a service for the community. Dr. Phillips emphasises that " the value of controlled therapeutic separation of family members " is becoming recognised as an important part of the treatment programme. In this connection, both psychiatrists discuss the difficulties in placing children who need to be away from home although Dr. Phillips refers to the usefulness of being able to admit children to Highfield Hospital.

The educational work of the service continues, and the lectures, seminars and other courses carried out by the staff have increased in number and scope. The staff have participated in courses for teachers, the staff of children's homes and similar institutions, social workers, nurses, health visitors and play group organisers, together with talks to various non-professional groups.

During the year, Dr. J. Gordon and Dr. A. Bhattacharya commenced work as trainee child psychiatrists with Dr. Stewart; and Dr. E. M. Sutherland and Dr. P. Bennett became members on a part-time basis of Dr. Phillips' team. It was not possible to appoint a child psychotherapist.

Educational psychologists

Mrs. C. Goorney became a member of Dr. Phillips' team, and Mrs. J. Hornsby was appointed in August. Mr. P. Gardner left at the end of the year to take up a post in Cardiff. Educational psychologists work for two-thirds of their time in the School Psychological Service and one-third in the Child Guidance Service.

11. SPEECH THERAPY

Mrs. A. Hamida and Miss R. Kingston, Senior Speech Therapists

The service continued this year, with several changes of staff, Mrs. P. Manley, Mrs. S. Davey and Mrs. L. Gilby resigning during the course of the year, while Mrs. D. Clarke, Mrs. W. Turner and Mrs. G. Goodridge joined us, to do valuable part-time work. We were fortunate in gaining the services of Mrs. J. Bolton, a full-time therapist for the Corby area. Mrs. A. Hamida, with a temporary cessation of work between April and 1st August for maternity leave, remained full-time, as did Miss M. Axe and Miss R. Kingston. Mrs. G. Wilson continued working in a part-time capacity.

Speech therapy clinics were held in Corby clinics at Stuart Road, Beanfield Hall and Pen Green Lane; in Kettering at Stockburn Memorial Home; in Wellingborough at 18A Oxford Street; in Rushden at Rectory Road Clinic; in Northampton at 7 Cheyne Walk; and at the Daventry Health Centre.

In April of this year, a second senior speech therapist's post was approved and created; the County for administration purposes, therefore, was divided into South under the supervision of Mrs. A. Hamida and North under the supervision of Miss R. Kingston.

Permission was also granted, in April, for a speech therapy survey to be conducted in primary schools in Corby to assess the need of the service in an area which suffered from staff shortages. This was undertaken by Miss M. Axe and Miss R. Kingston, who assessed all children between the ages of six and 11 years, in normal schools. This involved 5,600 children, of whom 567 were found to have a speech defect of some type. A comprehensive report was produced as a result of this, but it has to be remembered that if all pre-school, five-year-olds, physically and mentally handicapped, and secondary modern school children had been included in this survey, the ratio of children with speech defects to all children would be much lower than the 1:10 apparent from the above survey. On this basis it was found that three full-time therapists in Corby alone, would only just cover the work.

The establishment of speech therapists was increased during the course of 1970 from the equivalent of 5½ full-time to 7½ full-time. Although at one point down to 3 full-time, on 31st December of this year staffing was the equivalent of $5^{2}/_{11}$ full-time. Recruitment and retaining of qualified members of staff remains an ever increasing problem.

During the year, members of staff continued to give talks to selected groups, explaining the work and role of a speech therapist. These included general practitioners, Seminars, Careers Conventions, Mothers' Clubs, Townswomen's Guilds and Church groups. Clinical supervision for three third-year students doing practical work was performed this year; at Corby by Mrs. P. Manley; at Northampton by Mrs. A. Hamida and at Kettering by Miss R. Kingston. This was found to be beneficial for the students as well as of some practical benefit to the therapist, in helping to deal with the increasing case loads.

Miss M. Axe, Mrs. A. Hamida and Miss R. Kingston, all attended study courses this year; Miss Axe and Miss Kingston attending the 5th National Conference of Speech Therapists at the

University of Manchester for a week in September, and Mrs. Hamida attended a course for remedial services in Oxford.

Members of staff continued to give some of their own time voluntarily to help raise funds for the National Research Trust for Speech Therapy (Gift of Speech Campaign)—the major event of the year being a Royal Gala Theatre Performance in Corby, in April.

12. HEALTH EDUCATION IN SCHOOLS

Miss J. Wingfield, Health Education Organiser

The health problems of today's school child are divided into those which present themselves readily—obesity, dental decay, defects of hearing and vision, poor personal hygiene and accidental injury, and those which are more difficult to recognise such as the emotional and behavioural ones associated with increasing maturation. In either case prevention of disability is made easier by teaching children about the functions of the body and the means of maintaining it in as good a state of physical and mental health as possible. The earlier such teaching is started the better.

Whilst some health education is inevitably included incidentally in general primary education, the need for it to be given greater emphasis has been increasingly recognised over the past few years. Specialist teaching on health topics in primary schools has increased considerably during 1970. Health visitors have taught in junior schools and one infants' school during the year. In addition, health department staff have been asked to join in parent-teacher association discussions on the B.B.C. radio programmes on sex education for the seven to nine-year-olds which were tape-recorded for use with a specially produced film strip.

Other topics of importance, e.g. smoking are being discussed with younger children.

(a) **Drug abuse**

Whilst this does not appear to be a serious problem away from the big cities, the apparent nation-wide increase in drug abuse is creating concern amongst parents, teachers, youth leaders and young people themselves. Up till now drug addiction has been discussed incidentally along with other undesirable habits, such as tobacco smoking, within teaching based upon the " growing up " syllabus for secondary schools. At the end of the year several requests for specific talks on drug dependence had been received from secondary modern schools in the County. Consideration of the best method of approaching this controversial subject amongst school children is under review.

(b) **First aid**

This is another subject which has recently been highlighted. A knowledge of first aid is desirable for school children as the lives of victims of accidents, especially serious road accidents, can often be saved by prompt and correct action by a member of the public before trained help arrives. Children and young people are just as likely to be present and can be just as capable of saving life as adults.

A very brief outline of first aid treatment has been included in the " Growing Up " syllabus for some years, but more comprehensive training has been requested by schools and this has been provided by senior ambulance officers.

Courses in first aid for teachers, which have been organised by the Health Education Section in conjunction with the County Education Department, have included, as in previous years,

practical training in " mouth-to-mouth " resuscitation. This subject has also been taught extensively to 13 and 14-year-old pupils in schools who have taken part in the electrical safety project.

(c) **Electrical safety**

The electrical safety project, timed to coincide with the introduction of the new international colour wiring code, was designed to make young people aware of the health hazards resulting from the misuse of electrical equipment. The project consisted of three sections: A health visitor gave a classroom talk to a group of approximately 12 pupils about the dangers resulting from the careless use of electricity, applying this to the everyday domestic situation, and emphasising the short and long term effects of electric shock and severe burns. At the same time a second group visited the health education caravan which housed an exhibition of electrical hazards, together with information on fuses, the new colour code and various safety precautions. Teaching in the caravan was supplemented by coloured slides with a recorded commentary. Meanwhile in another classroom the remainder of the class received practical instruction in mouth-to-mouth resuscitation from an ambulance officer.

All the pupils showed great interest in every aspect of the project and reinforcement was carried out six weeks later when the film " Breath of Life " was shown. Schools in the Corby, Kettering and Wellingborough areas have accepted the project so far and it is hoped that the majority of secondary schools in the County will have taken part by mid 1971. Meanwhile plans are already being drawn up for using the health education caravan at primary schools.

(d) **German measles**

In connection with the german measles vaccination campaign, which commenced in October, each school attended by girls of 13 years was offered talks about german measles, its complications and prevention. 26 schools requested such talks and these were given by local health visitors. The subject provoked much interest amongst the majority of pupils and what were intended as 20 minute talks turned into prolonged discussions between girls, staff and health visitors.

IV. STATISTICS

1. The school population
2. Details of schools
3. Medical examinations (a) periodic examinations
   (b) other examinations
   (c) defects found
4. Vaccination (a) Heaf testing and B.C.G. vaccination
   (b) Heaf positive and negative reactors
5. Infestation and skin diseases
   (a) infestation with vermin
   (b) skin diseases
6. Handicapped pupils
   (a) ascertainments and placements
   (b) requiring special education
7. Dental service
8. Child guidance
9. Speech therapy

1. THE SCHOOL POPULATION

The number of children attending school in 1970 was 56,420. The growth of the school population, from 1961 to 1970 is shown below:

	Number of schoolchildren	*Increase or decrease over previous year*
1961	45,901	—
1962	45,929	28
1963	45,737	— 192
1964	46,757	1,020
1965	45,742	— 1,015*
1966	47,386	1,644
1967	50,431	3,045
1968	51,222	791
1969	53,676	2,454
1970	56,420	2,744

* 1965 Boundary reorganisation

2. SCHOOLS

The numbers of schools in the County at the end of the year were:

Nursery	4	(number of pupils 77 full-time 151 part-time)
Primary	220	
Modern	25	
Bilateral	1	
Comprehensive	7	
Technical Grammar	1	
Grammar	7	
Special	6	
Total	271	

The special schools maintained by this authority are:

		Pupils on roll
Firdale School, Corby	Day school for E.S.N. pupils	87
Isebrook School, Kettering	Day school for E.S.N. pupils	93
Kingsley School, Kettering	Day school for physically handicapped pupils	74
Loddington Hall, Loddington	Boarding school for E.S.N. pupils	58
Brookfield School, Wellingborough	Boarding and day school for E.S.N. pupils	112
Arkwright School, Irchester, Wellingborough (opened September 1970)	Boarding school for maladjusted girls	11

3. MEDICAL EXAMINATIONS

(a) Periodic examinations

	Number of examinations	*Pupils found to require treatment*	*Physical condition*	
			Satisfactory	*Unsatisfactory*
Children born:				
1966 or later	62	—	62	—
1965 ...	673	54	672	1
1964 ...	1,972	141	1,970	2
1963 ...	1,020	65	1,019	1
1962 ...	414	27	412	2
1961 ...	228	3	227	1
1960 ...	261	6	261	—
1959 ...	157	2	157	—
1958 ...	39	3	39	—
1957 ...	23	1	23	—
1956 ...	291	4	291	—
1955 or before	211	17	211	—
Total	5,351	323	5,344 (99.86%)	7

(b) Other examinations

Special examinations	862
Re-examinations	94
Total	956

(c) Defects found

Defect or disease		*Periodic examinations*				*Special examinations*
		Entrants	*Leavers*	*Others*	*Total*	
Skin	T	16	8	4	28	1
	O	37	1	30	68	5
Eyes (a) vision	T	9	3	10	22	—
	O	21	6	22	49	1
(b) squint	T	12	1	6	19	—
	O	10	—	14	24	1
(c) other	T	5	—	1	6	—
	O	4	—	5	9	—
Ears (a) hearing	T	6	1	9	16	—
	O	44	1	24	69	6
(b) otitis media ...	T	17	1	2	20	—
	O	37	—	21	58	2
(c) other	T	2	1	2	5	—
	O	4	—	6	10	—

continued

Defect or disease		*Periodic examinations*				*Special examinations*
		Entrants	*Leavers*	*Others*	*Total*	
Nose and throat	T	46	—	22	68	—
	O	108	—	88	196	3
Speech	T	18	—	14	32	2
	O	53	2	9	64	1
Lymphatic glands	T	2	—	—	2	—
	O	13	—	8	21	—
Heart	T	5	—	—	5	—
	O	15	—	20	35	2
Lungs	T	6	—	5	11	1
	O	35	3	42	80	3
Developmental						
(a) hernia	T	9	1	3	13	—
	O	7	1	5	13	5
(b) other	T	10	1	7	18	—
	O	40	—	38	78	—
Orthopaedic						
(a) posture	T	3	—	2	5	—
	O	9	2	8	19	—
(b) feet	T	10	2	5	17	1
	O	49	3	37	89	3
(c) other	T	7	1	7	15	—
	O	31	2	34	67	1
Nervous system						
(a) epilepsy	T	2	—	2	4	—
	O	13	—	10	23	1
(b) other	T	2	—	—	2	—
	O	26	1	19	46	5
Psychological						
(a) development ...	T	9	—	12	21	—
	O	75	16	82	173	23
(b) stability	T	11	—	12	23	5
	O	53	2	52	107	16
Abdomen	T	4	—	5	9	—
	O	9	1	14	24	—
Other	T	10	—	6	16	1
	O	27	—	27	54	2

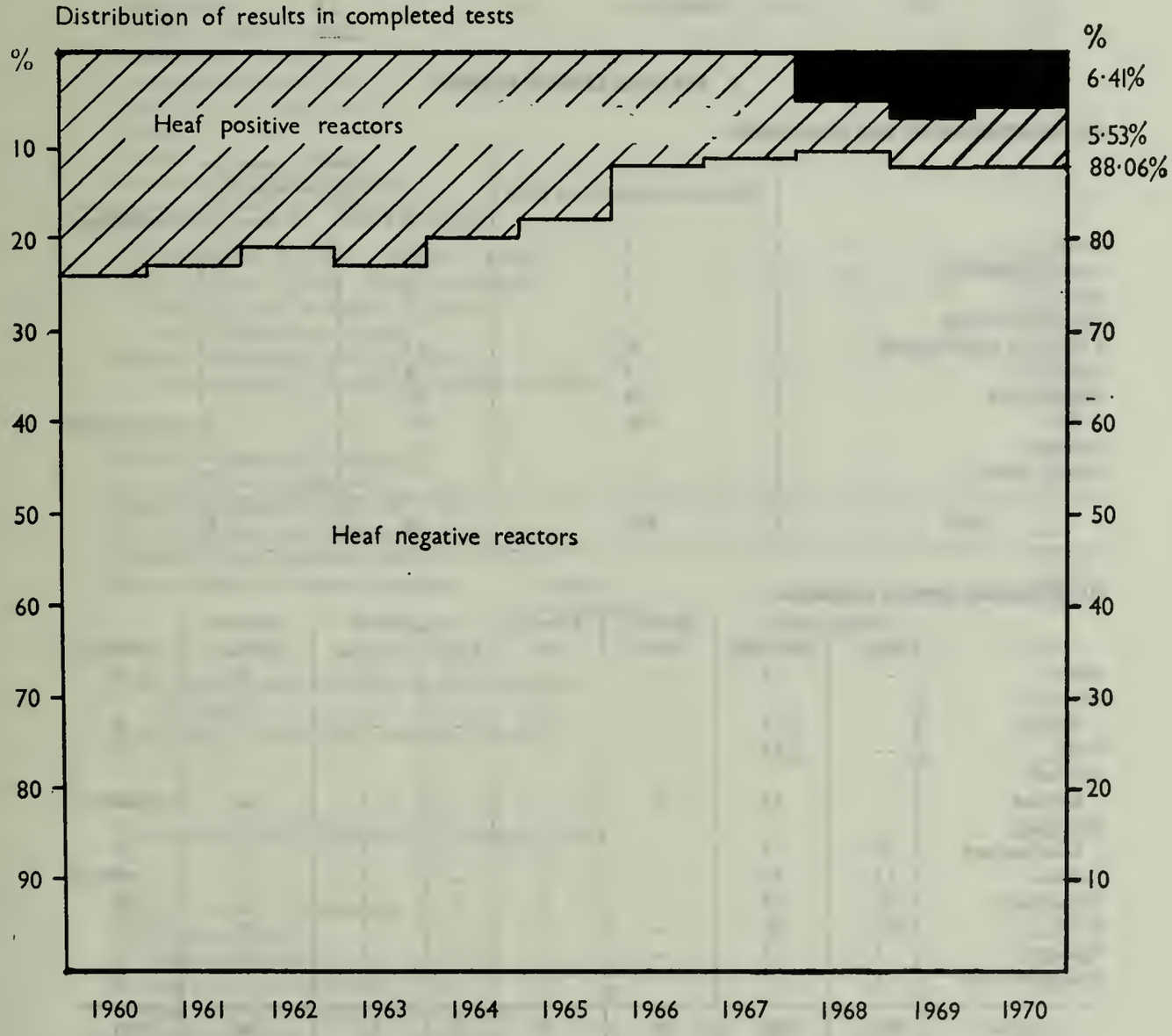
T=children requiring treatment, or already under treatment
O=children to be kept under observation

4. VACCINATION

(a) Heaf testing and B.C.G. vaccination

Number of children Heaf tested		3,525
Negative reactors		3,104
Positive reactors		
Grade 1	195	
Grade 2	173	
Grade 3	33	
Grade 4	20	
		421
Number of children vaccinated (negative reactors and Grade 1 positive)		3,297

(b) Heaf positive and negative reactors



Children previously having had B.C.G. have been excluded in compiling percentages of positive and negative reactors on this graph. The solid black section shows grade 2, 3 and 4 reactors.

5. INFESTATION AND SKIN DISEASES

(a) **Infestation with vermin**

Individual examinations in schools ...	19,934
Pupils found to be infested	648

No cleansing notices or orders were issued under Section 54 of the Education Act, 1944.

(b) **Skin diseases**

Numbers of cases reported were:

Impetigo	8
Verrucae	5
Scabies	22
Other conditions	2
Total	37

6. HANDICAPPED PUPILS

(a) **Ascertainments and placements**

	Number ascertained in 1970	*Number placed for special education*	
		Assessed 1970	*Assessed prior to* 1970
Blind	2	—	—
Partially sighted ...	1	—	2
Deaf	3	2	2
Partially hearing ...	—	—	—
Physically handicapped ...	20	11	5
Delicate	4	4	1
Maladjusted	32	24	1
E.S.N.	100	37	53
Epileptic	—	—	—
Speech defects	—	—	—
Total ...	162	78	64

(b) **Requiring special education**

	Special school		*Special units*	*Boarded out*	*Educated at*		*Awaiting placement*	*Total*
	Day	*Boarding*			*home*	*hospital*		
Blind ...	—	6	—	—	—	—	2	8
Partially sighted	—	8	—	—	—	—	1	9
Deaf ...	—	17	—	—	—	—	—	17
Partially hearing	—	15	10	—	—	1	—	26
Physically handicapped	53	9	—	—	7	1	7	77
Delicate	14	17	—	—	—	2	—	33
Maladjusted	10	51	—	9	1	7	8	86
E.S.N. ...	285	95	—	—	1	1	71	453
Epileptic	5	5	—	—	1	1	1	13
Speech defects	1	2	—	—	—	—	—	3
Total	368	225	10	9	10	13	90	725

7. DENTAL INSPECTION AND TREATMENT

(a) Schoolchildren

Attendances and treatment	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	*Total*
First visit	5,610	3,598	534	9,742
Subsequent visits	9,376	9,591	1,673	20,640
Total visits	14,986	13,189	2,207	30,382
Additional courses of treatment commenced	1,927	1,246	256	3,429
Fillings in permanent teeth	4,163	8,340	1,708	14,211
Fillings in deciduous teeth	6,591	463	—	7,054
Permanent teeth filled	3,681	7,754	1,513	12,948
Deciduous teeth filled	5,939	430	—	6,369
Permanent teeth extracted	692	2,219	273	3,184
Deciduous teeth extracted	7,435	1,722	—	9,157
General anaesthetics	3,563	1,439	100	5,102
Emergencies	836	489	107	1,432
Number of pupils x-rayed				1,391
Prophylaxis				1,882
Teeth otherwise conserved				491
Number of teeth root filled				57
Inlays				25
Crowns				45
Courses of treatment completed				13,736

Inspections

First inspection at school. Number of pupils	27,360
First inspection at clinic. Number of pupils	7,888
Number found to require treatment	21,887
Number offered treatment	17,850
Pupils re-inspected at school or clinic	2,440
Number found to require and offered treatment	1,772

Orthodontics

New cases commenced during year	416
Cases completed during year	389
Cases discontinued during year	60
Number of removable appliances fitted	343
Number of fixed appliances fitted	57
Pupils referred to hospital consultant — for advice	276
for treatment	34

Prosthetics	*5 to 9*	*10 to 14*	*15 and over*	*Total*
Pupils supplied with full upper or lower dentures (first time)	—	5	5	10
Pupils supplied with other dentures (first time)	2	31	14	47
Total	2	36	19	57

Anaesthetics

General anaesthetics administered by dental officers	2,154

Sessions

Sessions devoted to treatment	
Dental officers	3,952
Dental auxiliaries	578
Sessions devoted to inspection	240
Sessions devoted to dental health education	
Dental officers	10
Dental auxiliaries	390

(b) Local health authority dental services for expectant and nursing mothers and children under 5 years

Attendances and treatment

Number of visits for treatment during year	*Children 0-4 (incl.)*	*Expectant and nursing mothers*
First visit	1,358	108
Subsequent visits	1,429	181
Total visits	2,787	289
Number of additional courses of treatment (other than the first course) commenced during year	140	14
Treatment provided during the year—number of fillings	2,606	199
Teeth filled	1,886	177
Teeth extracted	756	121
General anaesthetics given	304	24
Emergency visits by patients	118	21
Patients x-rayed	13	15
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	152	48
Teeth otherwise conserved	416	—
Teeth root filled	—	2
Inlays	—	—
Crowns	—	2
Number of courses of treatment completed during the year	869	44

Prosthetics

Patients supplied with full upper or full lower dentures (first time)	6
Patients supplied with other dentures	10
Number of dentures supplied	24

Anaesthetics

General anaesthetics administered by dental officers	105

Inspections

	Children 0-4 (incl.)	*Expectant and nursing mothers*
Number of patients given first inspections during year	2,442	125
Number of patients who required treatment	993	118
Number of patients who were offered treatment	889	101

Sessions

Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients:	*For treatment*	436
	For health education	18

8. CHILD GUIDANCE

	Boys	*Girls*	*Total*
Cases under treatment on 1st January, 1970	90	52	142
Cases taken on for treatment during the year	77	41	118
	167	93	260
Cases discharged during the year	74	37	111
Cases under treatment on 31st December, 1970	93	56	149
Cases referred during the year	109	49	158
Cases awaiting treatment on 1st January, 1970	15	12	27
	124	61	185
Cases seen by clinic staff	86	41	127
Cases seen and discharged without treatment	1	2	3
Cases not seen	12	9	21
Cases waiting to be seen 31st December, 1970	25	9	34
	124	61	185
Referred by:			
General practitioners	52	22	74
Parents	8	—	8
Schools	7	2	9
School Health Service	15	11	26
School Psychological Service	7	3	10
School welfare officers	—	—	—
Health visitors	2	1	3
Courts	7	1	8
Probation officer	—	—	—
Children's officer	2	—	2
Hospital consultant	9	8	17
Chief Education Officer	—	—	—
Others	—	1	1
	109	49	158
Reason for referral			
Nervous disorders	6	2	8
Habit ,, ...	14	7	21
Behaviour ,, ...	78	37	115
Organic ,, ...	—	1	1
Psychotic behaviour	1	—	1
Educational and vocational difficulties	6	—	6
Unclassified	4	2	6
	109	49	158

In addition, six children were seen by Dr. B. F. Whitehead at his clinic in Peterborough, and five children were seen by Dr. R. F. Shackleton at Banbury.

Hostels

Holyrood Hostel —	children admitted	7
	,, discharged	3
	,, removed against advice ...	3
Rostrevor Hostel —	children admitted	2
	,, discharged	4
	,, removed against advice ...	—

9. SPEECH THERAPY

Number of new patients treated during the year 671

Number of patients on the register at the end of the year

	Schoolchildren	*Pre-schoolchildren*
Number receiving active treatment	316	32
Number not requiring regular treatment	305	105
Number awaiting treatment ...	471	44
Total	1,092	181

CAUSES OF DEATH	Brackley M.B.		Burton Latimer U.D.		Corby U.D.		Daventry M.B.		Desboro' U.D.		Higham Ferrers M.B.		Irthlingborough U.D.		Kettering M.B.		Oundle U.D.		Raunds U.D.		Rothwell U.D.		Rushden U.D.		Wellingborough U.D.		Aggregate of U.D'S.	
ALL CAUSES	M. 25	F. 14	M. 36	F. 22	M. 184	F. 133	M. 47	F. 65	M. 39	F. 23	M. 24	F. 13	M. 33	F. 33	M. 283	F. 271	M. 26	F. 32	M. 39	F. 31	M. 34	F. 38	M. 123	F. 95	M. 227	F. 209	M. 1120	F. 979
B4 Enteritis and other diarrhoeal diseases	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
B5 Tuberculosis of respiratory system	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...
B6 (1) Late effects of respiratory TB.	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
B6 (2) Other tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
B18 Other infective and parasitic diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2
B19 (1) Malignant neoplasm, buccal cavity, etc.	...	1	...	...	1	1	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	1	...	5	2
B19 (2) Malignant neoplasm, oesophagus	...	...	2	...	1	...	...	...	...	1	...	...	...	...	2	2	...	...	...	...	...	1	...	1	2	1	7	6
B19 (3) Malignant neoplasm, stomach	...	1	1	...	4	4	...	1	...	...	1	2	...	1	7	7	1	2	1	...	1	2	4	1	5	4	25	25
B19 (4) Malignant neoplasm, intestine	...	...	...	2	5	3	1	2	1	...	1	...	1	...	9	6	...	...	3	...	...	1	4	7	5	6	30	27
B19 (5) Malignant neoplasm, larynx	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
B19 (6) Malignant neoplasm, lung, bronchus	3	1	4	...	19	4	8	1	3	2	1	...	...	...	22	6	2	...	5	1	4	...	13	2	16	5	100	22
B19 (7) Malignant neoplasm, breast	...	...	...	1	...	4	...	5	...	...	...	...	...	3	...	14	...	2	...	1	...	2	...	4	...	6	...	42
B19 (8) Malignant neoplasm, uterus	...	...	...	1	...	3	...	1	...	...	...	...	...	1	...	4	...	...	...	1	...	...	...	...	...	3	...	14
B19 (9) Malignant neoplasm, prostate	...	...	1	...	3	...	2	...	1	...	...	...	...	...	6	...	...	...	1	...	...	...	...	...	3	...	17	...
B19 (10) Leukaemia	...	...	...	...	3	...	2	1	...	1	...	...	...	...	1	1	...	...	...	...	...	...	1	...	2	...	9	3
B19 (11) Other malignant neoplasms	...	...	1	3	11	10	2	3	3	...	3	...	...	...	13	22	...	2	2	...	1	3	10	4	8	13	54	60
B20 Benign and unspecified neoplasms	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	1	3	3
B21 Diabetes Mellitus	...	...	...	...	1	1	...	1	1	...	...	...	...	1	1	6	1	...	1	1	...	...	...	5	5	3	10	18
B46 (1) Other endocrine etc. diseases	...	...	...	...	1	1	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	1	2	1	3	6
B23 Anaemias	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	1	4
B46 (2) Other diseases of blood, etc.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
B46 (3) Mental disorders	...	...	...	...	1	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	1	2	3
B24 Meningitis	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
B46 (4) Multiple sclerosis	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
B46 (5) Other diseases of nervous system	...	...	...	...	1	1	1	...	...	1	...	1	...	1	2	2	...	1	1	...	...	...	...	...	2	1	7	8
B26 Chronic rheumatic heart disease	1	...	...	...	6	2	...	...	...	...	...	1	...	1	5	11	...	...	...	1	1	2	...	2	2	3	15	23
B27 Hypertensive disease	...	...	...	...	...	5	1	1	...	...	1	...	1	1	8	11	...	...	...	2	...	...	2	2	6	4	19	26
B28 Ischaemic heart disease	7	3	11	3	51	30	8	11	7	7	5	2	9	4	85	45	8	7	6	3	11	11	36	21	54	33	298	180
B29 Other forms of heart disease	1	3	1	2	4	3	...	1	2	1	...	...	3	4	4	12	2	1	1	3	2	3	2	4	6	13	28	50
B30 Cerebrovascular disease	4	2	5	5	12	13	6	18	6	7	4	3	2	6	27	43	1	3	4	9	5	1	15	17	28	35	119	162
B46 (6) Other diseases of circulatory system	2	2	1	...	6	4	2	6	1	1	2	1	3	1	7	15	2	2	1	2	...	3	3	7	14	20	44	64
B31 Influenza	...	...	3	1	2	7	...	...	1	...	...	...	2	2	8	6	...	...	1	4	1	2	3	1	8	6	29	29
B32 Pneumonia	...	...	2	2	15	8	3	6	4	...	...	2	1	1	15	13	2	3	4	1	2	1	7	6	11	10	66	53
B33 (1) Bronchitis and Emphysema	2	...	...	...	11	5	2	1	3	...	3	...	5	1	19	5	1	2	2	...	4	...	7	1	24	8	83	23
B33 (2) Asthma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	1
B46 (7) Other diseases of respiratory system	1	...	...	...	4	3	2	...	1	...	...	...	2	...	4	2	1	...	1	...	...	1	1	...	2	1	19	7
B34 Peptic Ulcer	1	...	1	...	...	3	...	...	...	...	...	...	1	1	7	3	...	1	1	...	1	...	1	...	...	1	13	9
B35 Appendicitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...
B36 Intestinal obstruction and hernia	...	...	...	...	...	1	1	...	...	...	...	...	...	...	4	1	...	1	1	...	...	...	1	...	1	...	8	3
B37 Cirrhosis of liver	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	1	...	2	2	5
B46 (8) Other diseases of digestive system	...	...	...	...	2	...	1	...	...	...	1	...	...	...	7	2	2	...	...	...	...	1	...	...	1	8	14	11
B38 Nephritis and nephrosis	...	...	...	...	1	2	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	2	...	1	1	4	6
B39 Hyperplasia of prostate	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
B46 (9) Other diseases, genito-urinary system	...	1	...	1	1	1	...	...	...	...	...	...	1	...	2	2	1	...	1	...	...	2	...	...	...	1	6	8
B46 (11) Diseases of musculo-skeletal system	...	...	2	1	...	...	1	1	...	...	...	...	...	1	...	7	...	4	...	...	...	...	...	1	1	4	4	19
B42 Congenital anomalies	...	...	...	...	...	4	1	...	...	1	...	...	...	...	1	3	...	...	...	...	...	...	3	1	2	4	7	13
B43 Birth injury, difficult labour, etc.	...	...	1	...	4	3	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	5	8	8
B44 Other causes of perinatal mortality	1	...	...	...	...	3	...	...	...	...	...	...	...	...	2	2	...	...	1	...	...	...	1	...	2	...	7	5
B45 Symptoms and ill defined conditions	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	1	2	4
BE47 Motor Vehicle accidents	...	...	...	...	3	1	1	...	3	...	1	...	...	...	5	5	...	...	1	...	...	...	2	2	5	1	21	9
BE48 All other accidents	1	...	...	...	5	1	1	1	2	...	...	1	2	...	2	5	...	...	...	...	...	...	1	1	4	1	18	10
BE49 Suicide and self-inflicted injuries	...	...	...	...	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	3	3
BE50 All other external causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1

CAUSES OF DEATH IN ADMINISTRATIVE AREAS—RURAL DISTRICTS

CAUSES OF DEATH	Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Towcester R.D.		Welling-borough R.D.		Aggregate of R.Ds.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	65	55	105	103	129	95	63	44	127	140	112	97	99	90	114	98	814	722
B4 Enteritis and other diarrhoeal diseases	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1
B5 Tuberculosis of respiratory system	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2	...
B6 (1) Late effects of respiratory T.B.	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
B18 Other infective and parasitic diseases	1	1	...	...	1	...	1	1	...	...	...	...	...	...	...	...	3	2
B19 (1) Malignant neoplasm, buccal cavity, etc.	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1
B19 (2) Malignant neoplasm, oesophagus	...	...	2	1	...	...	1	...	1	1	2	...	1	...	1	...	8	2
B19 (3) Malignant neoplasm, stomach	...	...	2	3	5	3	1	...	2	3	2	4	...	3	3	...	15	16
B19 (4) Malignant neoplasm, intestine	3	2	3	1	3	...	2	...	5	6	2	5	1	2	3	3	22	19
B19 (5) Malignant neoplasm, larynx	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...
B19 (6) Malignant neoplasm, lung, bronchus	13	1	8	2	6	1	3	2	13	2	8	...	7	6	11	1	69	15
B19 (7) Malignant neoplasm, breast	...	5	...	3	...	4	...	3	...	5	1	6	...	4	...	6	1	36
B19 (8) Malignant neoplasm, uterus	...	...	...	1	...	2	...	...	...	3	...	1	...	1	...	...	...	8
B19 (9) Malignant neoplasm, prostate	...	...	1	...	3	...	...	...	4	...	1	...	1	...	2	...	12	...
B19 (10) Leukaemia	...	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	2	1
B19 (11) Other malignant neoplasms	4	2	4	7	8	7	7	5	7	7	3	5	1	7	8	11	42	51
B20 Benign and unspecified neoplasms	1	...	...	...	...	1	...	...	...	...	2	...	1	1	...	...	4	2
B21 Diabetes mellitus	1	...	...	1	...	1	...	...	...	1	2	2	...	...	2	1	5	6
B46 (1) Other endocrine etc. diseases	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
B23 Anaemias	...	...	1	1	1	...	...	...	1	...	...	...	...	...	...	1	3	2
B46 (3) Mental disorders	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	5
B46 (4) multiple sclerosis	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
B46 (5) Other diseases of nervous system	1	2	3	...	2	1	...	...	2	...	...	...	1	...	2	...	11	3
B26 Chronic Rheumatic heart disease	...	1	2	...	1	2	1	1	...	2	...	4	...	...	3	4	7	14
B27 Hypertensive disease	...	...	2	2	2	...	2	1	1	3	3	2	...	...	2	2	12	10
B28 Ischaemic heart disease	14	10	31	27	43	30	20	8	34	25	27	12	32	26	31	21	232	159
B29 Other forms of heart disease	2	6	4	5	3	9	2	7	2	5	8	9	3	2	3	4	27	47
B30 Cerebrovascular disease	6	11	5	25	10	18	4	6	11	16	11	19	18	8	10	19	75	122
B46 (6) Other diseases of circulatory system	1	2	3	2	10	2	3	2	11	9	6	4	3	4	4	4	41	29
B31 Influenza	1	1	4	3	...	2	2	1	1	3	4	2	3	1	4	3	19	16
B32 Pneumonia	5	1	6	5	6	2	3	2	8	20	6	9	2	9	7	3	43	51
B33 (1) Bronchitis and emphysema	2	...	13	2	7	...	4	1	8	3	7	...	9	3	3	2	53	12
B33 (2) Asthma	...	...	...	...	...	...	1	1	1	...	1	...	...	1	1	...	4	2
B46 (7) Other diseases of respiratory system	2	...	...	3	...	...	...	...	...	4	1	...	...	2	1	3	4	12
B34 Peptic ulcer	...	...	...	1	3	1	...	...	3	...	1	...	5	1	...	1	12	4
B35 Appendicitis	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
B36 Intestinal obstruction and hernia	...	...	4	...	1	...	1	...	...	...	...	...	...	2	...	...	6	2
B37 Cirrhosis of liver	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	1
B46 (8) Other diseases of digestive system	...	4	1	3	...	1	...	1	...	2	2	2	1	1	...	2	4	16
B38 Nephritis and nephrosis	...	...	...	...	...	1	1	...	...	1	...	1	...	...	...	...	1	3
B39 Hyperplasia of prostate	1	...	...	...	1	...	...	...	1	...	...	...	...	...	1	...	4	...
B46 (9) Other diseases, genito-urinary system	...	4	1	...	1	...	...	...	1	4	1	2	...	...	...	...	4	10
B46 (11) Diseases of musculo-skeletal system	...	...	...	...	...	1	...	1	...	...	2	...	...	...	...	2	2	4
B42 Congenital anomalies	2	1	2	1	...	2	...	...	1	2	...	2	1	1	1	1	7	10
B43 Birth injury, difficult labour, etc.	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	...	2	1
B44 Other causes of perinatal mortality	1	...	...	...	5	1	...	...	1	1	1	1	...	1	2	...	10	4
B45 Symptoms and ill defined conditions	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	1	...	4
BE47 Motor vehicle accidents	2	...	2	...	4	...	...	...	6	2	2	...	2	1	2	1	20	4
BE48 All other accidents	1	...	...	2	1	1	1	1	1	2	1	1	3	2	4	1	12	10
BE49 Suicide and self-inflicted injuries	...	...	...	1	1	...	1	...	...	...	2	1	2	1	...	1	6	4
BE50 All other external causes	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	2	...

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSE OF DEATH	Sex	AGGREGATE OF URBAN DISTRICT												AGGREGATE OF RURAL DISTRICTS										
		Total All Ages	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	*75 & over*	*Total All Ages*	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	*75 & over*
B4 Enteritis and other diarrhoeal diseases	M.	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...
B5 Tuberculosis of respiratory system	M.	2	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	2	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B6 (1) Late efects of respiratory T.B.	M.	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B6 (2) Other tuberculosis	M.	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B18 Other infective and parasitic diseases	M.	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	...	...	...	...	1	...	1	...	...
	F.	2	...	...	...	1	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	2	...
B19 (1) Malignant neoplasm, buccal cavity etc.	M.	5	...	...	...	...	...	...	...	1	1	2	1	1	...	...	...	...	...	...	...	...	...	...	1
	F.	2	...	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	...
B19 (2) Malignant neoplasm, oesophagus	M.	7	...	...	...	...	...	...	...	...	2	3	2	8	...	...	...	...	...	...	...	...	1	5	2
	F.	6	...	...	...	...	...	...	...	...	1	2	3	2	...	...	...	...	...	...	...	1	...	...	1
B19 (3) Malignant neoplasm, stomach	M.	25	...	...	...	...	...	...	...	1	7	9	8	15	...	...	...	...	...	...	2	1	2	5	5
	M.	25	...	...	...	...	...	...	1	2	4	9	9	16	...	...	...	...	...	...	...	...	1	4	11
B19 (4) Malignant neoplasm, intestine	M.	30	...	...	...	...	...	...	...	2	8	12	8	22	...	...	...	...	...	1	...	1	5	8	7
	F.	27	...	...	...	...	...	...	...	...	4	10	13	19	...	...	...	...	...	...	...	1	2	4	12
B19 (5) Malignant neoplasm, larynx	M.	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B19 (6) Malignant neoplasm, lung bronchus	M.	100	...	...	...	...	...	1	1	5	31	39	23	69	...	...	...	...	...	...	3	10	20	26	10
	F.	22	...	...	...	...	...	...	...	3	6	7	6	15	...	...	...	...	...	...	...	1	6	5	3
B19 (7) Malignant neoplasm, breast	M.	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...
	F.	42	...	...	...	...	1	...	5	4	16	7	9	36	...	...	...	...	...	1	1	11	11	5	7
B19 (8) Malignant neoplasm, uterus	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	14	...	...	...	...	...	...	1	6	2	1	4	8	...	...	...	...	...	...	...	4	3	1	...
B19 (9) Malignant neoplasm, prostate	M.	17	...	...	...	...	...	...	...	1	1	6	9	12	...	...	...	...	...	...	...	...	1	4	7
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B19 (10) Leukaemia	M.	9	...	...	1	...	...	...	...	...	2	4	2	2	...	...	...	...	...	...	...	...	...	1	1
	F.	3	...	...	...	...	...	1	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	1	...
B19 (11) Other malignant neoplasms	M.	54	...	...	...	1	1	2	2	4	19	18	7	42	...	...	...	...	2	...	4	4	11	12	9
	F.	60	...	...	...	...	...	1	1	5	18	20	15	51	...	...	...	...	...	...	4	5	10	16	16
B20 Benign and unspecified neoplasms	M.	3	...	...	...	...	...	...	1	...	...	1	1	4	...	...	...	...	...	...	...	...	1	2	1
	F.	3	...	...	...	...	...	...	...	...	...	...	3	2	...	...	...	...	...	...	...	...	2	...	...

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSE OF DEATH	Sex	AGGREGATE OF URBAN DISTRICT												AGGREGATE OF RURAL DISTRICTS									
		Total All Ages	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	*75 & over*	*Total All Ages*	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	*75 & over*
B21 Diabetes mellitus	M.	10	...	...	...	...	...	...	1	2	2	2	3	5	...	...	...	...	...	...	...	...	1	3	1
	F	18	...	...	...	...	...	...	...	...	2	8	8	6	...	...	...	...	...	...	...	...	1	2	3
B46 (1) Other endocrine etc. diseases	M.	3	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	6	...	...	...	2	...	...	...	2	...	1	1	1	...	...	...	...	...	...	...	...	...	...	1
B23 Anaemias	M.	1	1	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	1	2
	F.	4	...	...	1	...	...	...	...	...	...	1	2	2	...	...	...	...	...	...	1	...	...	1	...
B46 (2) Other diseases of blood, etc.	M.	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B46 (3) Mental disorders	M.	2	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	3	...	...	...	...	...	...	...	...	1	...	2	5	...	...	...	...	...	...	...	...	1	3	1
B24 Meningitis	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B46 (4) Multiple sclerosis	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
B46 (5) Other diseases of nervous system	M.	7	...	...	...	...	...	...	...	1	1	4	1	11	1	1	...	...	...	1	...	2	2	1	3
	F.	8	...	...	...	1	...	1	...	...	2	2	2	3	...	...	...	...	...	...	...	1	...	...	2
B26 Chronic rheumatic heart disease	M.	15	...	...	...	...	...	...	2	2	4	5	2	7	...	...	...	...	...	...	...	...	2	2	3
	F.	23	...	...	...	...	...	...	...	4	4	8	7	14	...	...	...	...	...	...	1	...	...	3	5	5
B27 Hypertensive disease	M.	19	...	...	...	...	...	...	...	...	3	5	11	12	...	...	...	...	...	...	...	...	1	1	6	4
	F.	26	...	...	...	...	...	...	...	1	4	5	16	10	...	...	...	...	...	...	...	...	...	...	4	6
B28 Ischaemic heart diesase	M.	298	...	...	...	...	1	2	6	27	65	106	91	232	...	...	...	...	...	1	5	15	52	69	90
	F.	180	...	...	...	...	...	1	1	...	16	50	112	159	...	...	...	...	...	...	...	3	10	39	107
B29 Other forms of heart disease	M.	28	...	...	...	...	...	...	...	...	1	8	19	27	...	...	...	...	...	1	...	...	5	10	11
	F.	50	...	...	...	...	...	...	1	1	1	8	39	47	...	...	...	...	...	...	1	1	1	5	39
B30 Cerebrovascular disease	M.	119	...	...	...	...	...	1	1	2	18	37	60	75	...	...	...	...	...	...	...	7	11	22	35
	F.	162	...	...	...	...	1	...	1	4	14	31	111	122	...	...	...	...	...	...	...	2	8	24	88
B46 (6) Other diseases of circulatory system	M.	44	...	...	...	...	...	...	...	...	5	13	26	41	...	...	...	...	...	...	...	2	7	11	21
	F.	64	...	...	...	...	...	...	...	1	3	10	50	29	...	...	...	...	...	...	1	1	1	1	25
B31 Influenza	M.	29	...	1	...	...	...	...	1	3	4	11	9	19	...	...	...	...	...	...	...	...	3	11	5
	F.	29	...	...	...	...	1	1	2	1	4	9	11	16	...	...	...	...	...	...	...	3	2	4	7
B32 Pneumonia	M.	66	2	7	...	...	...	...	1	1	8	15	32	43	...	3	...	...	...	...	...	2	7	11	20
	F.	53	1	4	2	...	...	...	...	1	3	12	30	51	...	2	...	...	...	1	...	2	3	8	35
B33 (1) Bronchitis and emphysema	M.	83	...	...	...	...	...	...	...	3	11	33	36	53	...	...	...	...	...	...	...	2	8	21	22
	F.	23	...	...	...	...	...	...	...	1	4	4	14	11	...	...	...	...	...	...	...	...	1	4	6
B33 (2) Asthma	M.	1	...	...	...	...	...	...	...	...	...	1	...	4	...	...	...	...	...	...	1	...	...	2	1
	F.	1	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	1	1	...	...	...
B46 (7) Other diseases of respiratory system	M.	19	...	5	1	...	...	...	...	2	3	3	5	4	...	...	...	...	1	...	...	...	...	3	...
	F.	7	...	3	...	...	...	...	...	...	...	...	4	12	...	1	...	...	...	1	...	1	...	3	6
B34 Peptic ulcer	M.	13	...	...	...	...	...	...	...	...	3	8	2	12	...	...	...	...	1	...	...	1	2	5	3
	F.	9	...	...	...	...	...	...	...	...	1	...	8	4	...	...	...	...	...	...	...	...	...	...	4

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON

CAUSE OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS												AGGREGATE OF RURAL DISTRICTS										
		Total All Ages	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	*75 & over*	*Total All Ages*	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	*75 & over*
B35 Appendicitis	M.	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B36 Intestinal obstruction and hernia	M.	8	1	...	...	...	...	...	...	1	...	1	5	6	...	1	...	...	...	...	...	...	2	...	3
	F.	3	...	...	...	...	...	...	...	...	...	...	3	2	1	...	...	...	...	...	...	...	...	...	1
B37 Cirrhosis of liver	M.	2	...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...
	F.	5	...	...	...	...	...	...	...	...	1	2	2	1	...	...	...	...	...	...	...	...	...	...	1
B46 (8) Other diseases of digestive system	M.	14	...	...	...	...	...	...	...	1	1	4	8	4	...	...	...	...	...	...	...	...	...	2	2
	F.	11	1	...	...	...	1	...	1	...	...	3	5	16	...	...	...	...	...	...	...	1	...	3	12
B38 Nephritis and nephrosis	M.	4	...	...	1	...	...	...	...	...	1	2	...	1	...	...	...	...	...	...	...	...	1	...	...
	F.	6	...	...	...	...	...	...	...	...	...	3	3	3	...	...	...	...	...	...	...	...	1	1	1
B39 Hyperplasia of prostate	M.	1	...	...	...	...	...	...	...	...	...	...	1	4	...	...	...	...	...	...	...	...	1	...	3
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B46 (9) Other diseases, genito-urinary system	M.	6	...	...	...	...	...	...	...	...	3	1	2	4	...	...	...	...	...	...	...	...	...	1	3
	F.	8	...	...	...	1	...	...	1	...	...	4	2	10	...	...	...	...	...	...	...	1	1	1	7
B46 (11) Diseases of musculo-skeletal system	M.	4	...	...	...	...	...	...	...	...	1	1	2	2	...	...	...	...	...	...	...	...	...	...	2
	F.	19	...	...	...	...	...	...	...	...	2	4	13	4	...	...	...	...	...	...	...	...	...	...	4
B42 Congenital anomalies	M.	7	1	3	...	...	...	1	1	...	...	...	1	7	5	1	...	...	1	...	...	...	...	...	...
	F.	13	6	...	1	1	1	2	...	...	...	2	...	10	2	2	...	1	1	3	...	1	...	...	...
B43 Birth injury, difficult labour, etc.	M.	8	8	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...
	F.	8	8	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
B44 Other causes of perinatal mortality	M.	7	7	...	...	...	...	...	...	...	...	...	...	10	10	...	...	...	...	...	...	...	...	...	...
	F.	5	5	...	...	...	...	...	...	...	...	...	...	4	3	1	...	...	...	...	...	...	...	...	...
B45 Symptoms and ill defined conditions	M.	2	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
	F.	4	...	...	...	...	...	...	...	1	...	...	3	4	...	1	...	...	...	...	...	...	...	...	3
BE47 Motor vehicle accidents	M.	21	...	...	...	...	4	7	4	2	1	2	1	20	...	...	...	2	7	2	...	4	5	...	...
	F.	9	...	...	...	...	1	1	1	1	1	2	2	4	...	...	...	...	1	...	1	2	...	...	...
BE48 All other accidents	M.	18	...	...	...	1	2	2	1	3	2	3	4	12	...	2	...	...	1	...	3	1	2	2	1
	F.	10	...	...	...	...	...	...	...	1	1	2	6	10	...	...	2	...	1	...	...	1	...	3	3
BE49 Suicide and self-inflicted injuries	M.	3	...	...	...	...	...	...	1	...	2	...	...	6	...	...	...	...	1	1	1	1	2	...	...
	F.	3	...	...	...	...	...	...	...	...	1	2	...	4	...	...	...	...	...	...	...	1	1	1	1
BE50 All other external causes	M.	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	1	...
	F.	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL ALL CAUSES	M.	1120	21	17	3	3	8	16	23	65	214	364	386	814	18	9	...	3	15	7	20	55	157	250	280
	F.	979	22	7	4	6	6	9	17	40	116	232	520	722	7	7	2	1	3	7	11	45	69	152	418

URBAN DISTRICTS		Brackley M.B.		Burton Latimer U.D.		Corby U.D.		Daventry M.B.		Desboro' U.D.		Higham Ferrers M.B.		Irthlingborough U.D.		Kettering M.B.		Oundle U.D.		Raunds U.D.		Rothwell U.D.		Rushden U.D.		Wellingborough U.D.		Aggregate of U.D's.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Live Births	Total	49	47	55	56	516	460	142	141	50	56	41	31	52	33	314	315	28	23	56	57	37	42	165	177	316	351	1821	1789
	Legitimate ...	48	44	53	55	470	415	134	132	46	55	39	28	47	29	298	298	26	21	52	55	33	37	157	169	284	310	1687	1648
	Illegitimate ...	1	3	2	1	46	45	8	9	4	1	2	3	5	4	16	17	2	2	4	2	4	5	8	8	32	41	134	141
Still Births	Total	...	1	...	...	8	8	3	...	...	...	...	...	...	...	5	9	...	1	1	...	...	...	3	4	4	8	24	31
	Legitimate ...	...	1	...	...	8	7	3	...	...	...	...	...	...	...	5	7	...	1	1	...	...	...	2	3	3	8	22	27
	Illegitimate ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	1	1	...	2	4
Deaths of Infants under 1 year of age	Total	1	...	1	...	9	12	3	1	1	...	...	...	1	...	7	7	1	...	2	...	...	...	4	...	8	9	38	29
	Legitimate ...	1	...	1	...	8	11	3	1	...	...	...	...	1	...	7	6	1	...	2	...	...	...	4	...	7	6	35	24
	Illegitimate ...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	3	3	5
Deaths of Infants under 4 weeks of age	Total	1	...	1	...	6	8	2	1	...	...	...	...	...	...	3	4	...	...	1	...	...	...	3	...	4	9	21	22
	Legitimate ...	1	...	1	...	5	8	2	1	...	...	...	...	...	...	3	4	...	...	1	...	...	...	3	...	4	6	20	19
	Illegitimate ...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	3
Deaths of Infants under 1 week of age	Total	1	...	1	...	5	8	2	...	...	...	...	...	...	...	3	3	...	...	1	...	...	...	3	...	4	8	20	19
	Legitimate ...	1	...	1	...	4	8	2	...	...	...	...	...	...	...	3	3	...	...	1	...	...	...	3	...	4	5	19	16
	Illegitimate ...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	3
Estimated mid-year Home Population		5,520		5,660		49,180		11,940		5,070		4,760		5,230		40,260		3,700		5,470		4,670		18,570		37,860		197,890	
Comparability Factors	Births ...	1.02		1.01		0.83		1.46		1.29		1.30		1.03		1.10		1.30		1.18		1.24		1.08		1.05		1.03	
	Deaths ...	0.96		1.15		2.45		1.02		0.88		1.13		1.06		0.88		0.65		0.79		0.87		0.94		0.86		1.07	

RURAL DISTRICTS		Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Towcester R.D.		Wellingborough R.D.		Aggregate of R.D's.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Live Births	Total	111	110	123	96	144	131	91	83	175	184	135	126	268	218	205	173	1252	1121
	Legitimate ...	107	104	121	89	134	127	86	80	169	176	126	119	258	206	196	168	1197	1069
	Illegitimate ...	4	6	2	7	10	4	5	3	6	8	9	7	10	12	9	5	55	52
Still Births	Total	...	1	1	2	...	2	1	...	2	2	...	...	5	3	3	3	12	13
	Legitimate ...	...	1	1	1	...	2	1	...	2	2	...	...	5	3	2	3	11	12
	Illegitimate ...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	1
Deaths of Infants under 1 year of age	Total	7	1	2	1	6	3	2	...	4	4	1	2	2	2	3	1	27	14
	Legitimate ...	7	1	2	1	5	2	2	...	4	4	1	2	2	2	3	1	26	13
	Illegitimate ...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Deaths of Infants under 4 weeks of age	Total	3	1	2	...	6	1	1	...	1	2	1	2	1	1	3	...	18	7
	Legitimate ...	3	1	2	...	5	...	1	...	1	2	1	2	1	1	3	...	17	6
	Illegitimate ...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Deaths of Infants under 1 week of age	Total	3	1	2	...	5	1	1	...	1	2	1	1	1	1	3	...	17	6
	Legitimate ...	3	1	2	...	5	...	1	...	1	2	1	1	1	1	3	...	17	5
	Illegitimate ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Estimated mid-year Home Population		14,150		17,340		19,350		12,380		23,030		18,140		19,210		17,130		140,730	
Comparability Factors	Births ...	1.22		1.11		1.24		1.13		1.04		1.09		1.09		1.10		1.12	
	Deaths ...	1.14		0.79		1.03		1.01		0.90		1.00		0.95		0.95		0.96	

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